

# 2003 Issue 75

# Head Start

ENHANCING HEAD START COMMUNICATION  
[www.acf.hhs.gov/programs/hsb](http://www.acf.hhs.gov/programs/hsb)

## *bulletin*

### *Issue Pull-out in English & Spanish:*

Head Start Self-Change Contract

Contrato de Head Start de Cambio Personal

### Adult Health

Government Initiatives in Health

Important Screenings for Your Health

Peer Health Educators Teachback



The *Head Start Bulletin* is published six times a year by the Head Start Bureau, Administration on Children, Youth and Families, Department of Health and Human Services.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**Tommy Thompson**, Secretary

ADMINISTRATION FOR CHILDREN AND FAMILIES  
**Wade F. Horn**, Assistant Secretary

OFFICE OF PUBLIC AFFAIRS  
**John C. Allen**, Director

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES  
**Joan E. Ohl**, Commissioner

HEAD START BUREAU  
**Windy M. Hill**, Associate Commissioner

The BULLETIN is a service of the Head Start Bureau's Training and Technical Assistance Branch. Its purpose is to enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.

HEAD START BUREAU  
**Carmen Bovell-Chester**, Division of Program Management  
**JoAn Knight Herren**, Chief, T/TA Branch  
**Robin Brocato**, Guest Editor  
**Guylaine L. Richard**, Guest Editor  
**Jeff Fredericks**, Managing Editor

#### *Head Start Bulletin*

The *Head Start Bulletin* is prepared under Contract No. 233-02-0002 with PaL-Tech, Inc.

**Judy David**, Co-Editor  
**Deb Kremer**, Co-Editor  
**Shannon Lewis**, Junior Writer  
**Aisha Mahy**, Publications Assistant

***Head Start Bulletin***  
**Adult Health**  
**Issue No. 75**

For more copies of the *Head Start Bulletin* or to be put on the mailing list, contact the Head Start Information and Publication Center. Toll free: 1-866-763-6481; [www.headstartinfo.org](http://www.headstartinfo.org).

CORRECTION: Judith Jerald's name was misspelled in the article "Guiding Principles" in the *Child Mental Health Bulletin*.



# Head Start *bulletin*

2003

Issue 75



**page 14:** How yoga can reduce stress



**page 24:** Peer Health Educators in Head Start



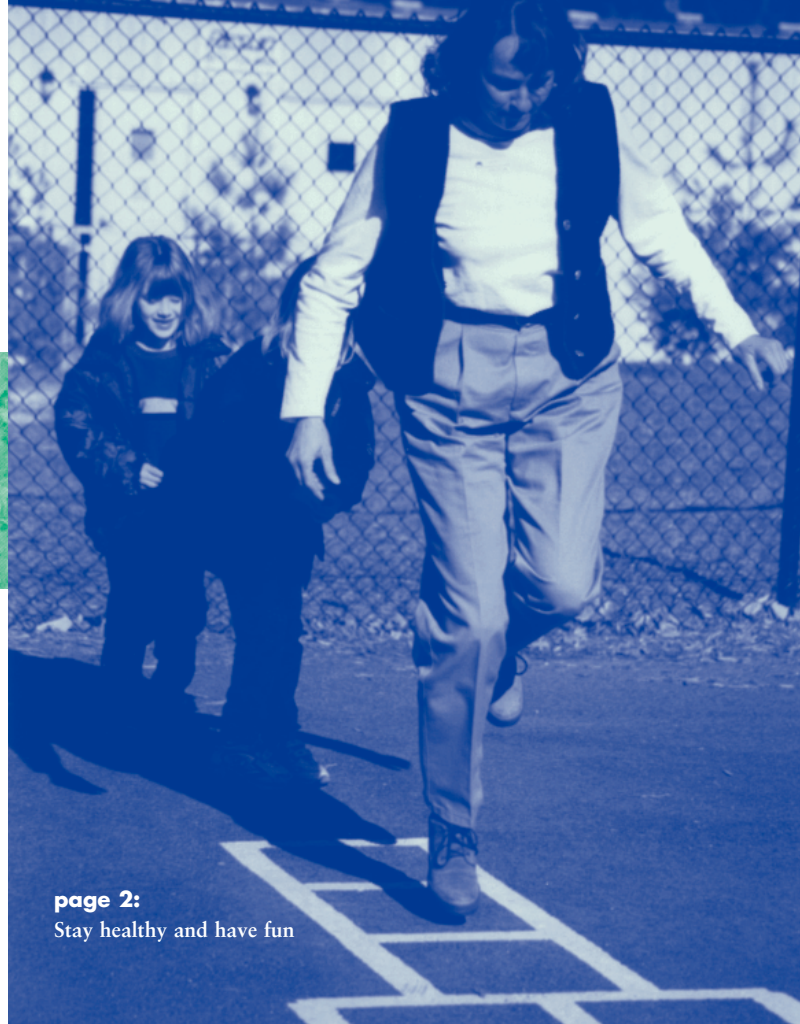
**page 40:** Pesticide exposure in the farmworker community

## FEATURES

- 2 Health Begins With You
-  5 Screening Your Health: A Safe Start
- 7 Government Initiatives in Health
- 8 The Mind-Body Connection
- 10 Preventing Work-Related Musculoskeletal Injuries
-  14 Stress Reduction and Yoga
-  16 Diabetes and Obesity Prevention: An Exciting Initiative
- 18 Oral Health—It's Not Just a Kid Thing
- 20 Are You Ready For a Healthier Me?
-  23 Finally Say Goodbye to Smoking

## RESOURCES

- 21 *PULL-OUT:* Head Start Self-Change Contract
- 22 *PULL-OUT:* Contrato de Head Start de Cambio Personal
- 25 Is the Web a Reliable Source of Information?
- 42 A Useful Guide to Health in the Head Start Workplace
- 43 Resources and Webliography



**page 2:**  
Stay healthy and have fun

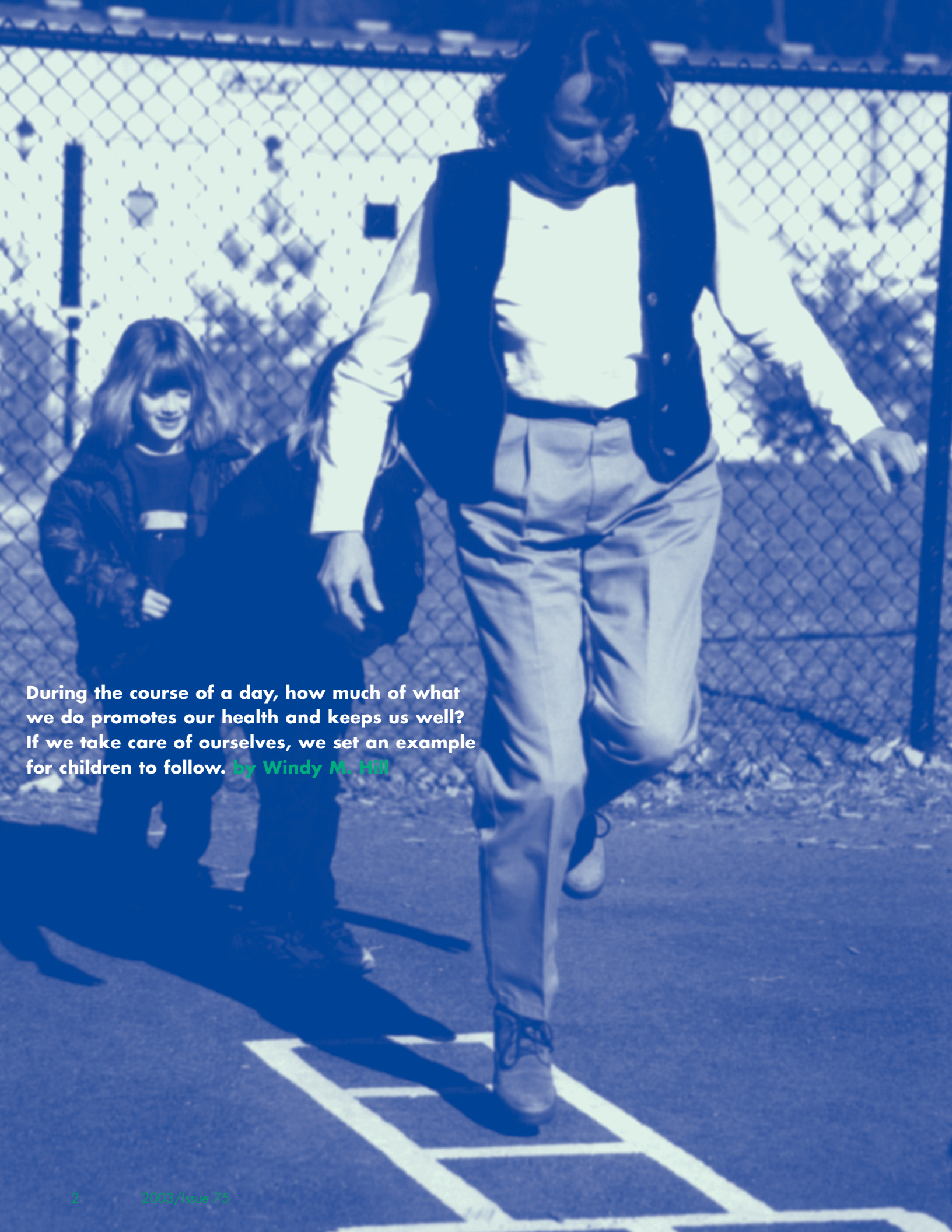
## ARTICLES

-  24 Peer Health Educators Teachback to Other Head Start Parents
- 26 Play and Stay Healthy: All It Takes is 30 Minutes a Day
-  27 Do Your Workout Anytime, Anyplace
-  29 Pyramid Power: The Building Blocks of Healthy Eating
- 32 Label Lingo: What Does It Mean?
- 33 Easy Steps to Feeling Fine
- 34 A Mother's Success Story: Early Head Start Provides Support
- 36 Family Support Activities Contribute to the Health of Families of Children with Disabilities
- 39 The Best for Your Employees: What an EAP Can Do
-  40 Addressing Pesticide Exposure in the MSHS Community

Cover photo of Sharon Yandian, Program Director of the Migrant and Seasonal HSQIC, Region XII.

Page 2 photo courtesy of Head Start Bureau.



A full-page photograph of a woman and a young girl jumping rope on a paved surface. The woman, in the foreground, is wearing a white long-sleeved shirt, a dark vest, and light-colored trousers. She is captured mid-jump with her rope. The girl, to her left, is wearing a dark jacket and dark pants, also jumping. A chain-link fence is in the background. The text is overlaid on the lower-left portion of the image.

During the course of a day, how much of what we do promotes our health and keeps us well? If we take care of ourselves, we set an example for children to follow. **by Windy M. Hill**

# Adult Health

**W**E ALL KNOW HOW CLOSELY children's health and their ability to learn are linked. Every day in our Head Start programs, we take measures to insure that children are healthy—by making sure they are connected to a medical home, by protecting them from injury and disease, and by serving them healthy foods. However, we may not always invest the same amount of energy in promoting and protecting the health of adults. Common sense tells us that in order to care for, nurture, and teach our children, we must first take care of ourselves.

The *Head Start Program Performance Standards* recognize the importance of keeping staff well. They require grantee and delegate agencies to make mental health and wellness information available to staff who have concerns that may affect their job performance (1304.52(j)(3)). Full implementation of the *Program Performance Standards* includes having management systems that support staff health.

Just as Head Start has a comprehensive vision of health for children, we also hold a broad vision for adults. Health includes physical, mental, social, and spiritual aspects. It is more than the absence of disease. What we are really talking about is wellness, which the National Wellness Institute defines as “an active process of becoming aware of and making choices toward a

more successful existence” (2002). In other words, we want to live up to our full potential and regularly experience energy, vigor, and joy.

During the course of a day, did you ever stop to think about how much of what we do promotes our health and keeps us well? We brush our teeth, obey traffic laws, dress appropriately, clean house, apply sunscreen, store and cook food properly, exercise, relax, and talk with friends and family. These daily tasks—often mundane and routine—are essential to our well-being. But they take on greater importance when we realize that they set an example for our children to follow. By taking care of ourselves, we promote our children's health and teach them lifelong lessons about wellness.

All over the country, people are realizing the importance of making lifestyle changes in order to improve health. In June 2002, President Bush launched the HealthierUS initiative. This initiative is intended to help Americans live longer, better, and healthier lives. It focuses on four priorities:



## Physical Fitness

*Be physically active each day. Learn how to make regular physical activity part of your daily routine.*



## Nutrition

*Eat a nutritious diet. Healthy eating is not a fad—it's a lifestyle. Learn what the experts say you need for a healthy diet.*

## Prevention

*Get preventive screening. Find out how screening can protect you and your family.*

## Avoiding Risky Behaviors

*Make healthy choices. Avoid tobacco, drugs, and the abuse of alcohol.*

In this *Bulletin*, you will find articles on a wide range of health issues affecting adults. Many articles highlight one or more health priorities; some are indicated by one of the symbols, mentioned above, from the HealthierUS initiative. Most of this information is about lifestyle changes that we can make to maintain and improve our health. A consistent theme is assuming personal responsibility. Every day, we make choices about

By taking care of ourselves, we promote our children's health and teach them lifelong lessons about wellness.

whether to engage in behaviors that may put our health at risk. Some choices are easy for us to make alone. Others require support from family, friends, co-workers, and/or health care professionals. Most of these choices



Photo courtesy of ACE.

**Windy M. Hill was named Associate Commissioner of the Head Start Bureau on January 7, 2002.**

cost nothing or are relatively inexpensive. Check out the Head Start Self-Change Contract on pages 21-22 and use it!

Many times, we make changes in our lives for the sake of children. But by making changes for our own sake, we recognize, honor, and celebrate ourselves just for who we are! The Head Start Bureau is pleased to devote this issue of the *Bulletin* to you and your wellness. ■

### REFERENCE

*National Wellness Institute, Inc.* June 2002.

<[www.nationalwellness.org/nwi\\_Home](http://www.nationalwellness.org/nwi_Home)>.

---

Windy M. Hill *is the Associate Commissioner of the Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.*

# SCREENING YOUR HEALTH: A SAFE START

Good health and hygiene practices are not the only means of prevention.

Screening tests are important too. **by Dr. Guylaine L. Richard**

THE SUDDEN DEATH OF A HEALTHY INDIVIDUAL can trigger in us a sensation of doubt, disbelief, and even a true sense of defeat. We think: “She was exercising. He was eating well. She never abused any substances. What happened? I don’t understand. Why bother then? Why not live for today and forget about tomorrow?”

Those reactions occur frequently when we face the challenges of practicing good health habits as a way to prevent diseases and even death. Is there something else we need to know? Sure. Good health and hygiene practices are not the only ways of prevention. Screening is another necessary prevention. Even if an illness cannot be prevented, its early recognition and treatment usually lead to a more favorable outcome. But you might object, “I am healthy. I don’t need to go to the doctor. I am not sick.” But how do you know? Have you had any health screening done?



Photo by K. Sanjari.

## What is Screening?

SCREENING TESTS ARE NOT AN ASSUMPTION of illness. They can serve two purposes. First, they are a means of catching an illness in the silent phase, therefore minimizing its unfavorable effects. Because many illnesses have an asymptomatic phase (the period where the disease is present but you do not show

any signs or symptoms), your doctor may recommend screening tests. Second, they can uncover potential risk factors for disease. When considering a screening test, the doctor weighs several factors, such as your age, sex, ethnicity, genetic predisposition, environmental exposure, past medical history, family history, clinical status, and life style preference. An example of risk screening would be testing for diabetes, high blood pressure, and high cholesterol levels in order to prevent heart disease. Another example is a mammogram as a way to prevent or detect early breast cancer.

## Where Do You Start?

THE DECISION TO BE SCREENED for certain diseases needs to be made by you and your physician. When ordering screening tests, many doctors follow prescribed guidelines developed by well-known and respected medical organizations. Those guidelines are based on research conducted on large populations regarding the incidence and prevalence of diseases. They take into account the risk factors. Your physician needs to explain the risks and benefits of the recommended screening and answer your questions. Based on all the information, you can then decide whether to go ahead with the test.

## Are There Any Drawbacks?

YES, THERE ARE DRAWBACKS TO SCREENING TESTS.

- They are not 100 percent accurate.
- They can be costly.
- They may not be covered by health insurance.
- They may even present a degree of risk to the patient.

Furthermore, there is some controversy in the medical community regarding the value and frequency of certain tests, such as routine mammography for women aged 40 to 49. This is all the more reason for you and your doctor to decide together how best to prevent disease.

## What Are the Recommended Screening Tests?

MEDICAL EXPERTS have made recommendations for preventive care for adults who have no symptoms and are low-risk, as presented in Table 1 (Schroeder et al. 1997).

**TABLE 1: RECOMMENDED SCHEDULE FOR ADULT SCREENINGS**

Screenings	What is it?	How often do you need it?
Hemoglobin/Hemacrit	To screen for anemia	As part of routine physical exam
Tuberculosis	To screen for tuberculosis	Every 2 years and based on your doctor's recommendation
Blood Pressure	To screen for hypertension/hyperextension	Every 2 years
Immunizations	To prevent contraction of illness	Tetanus-diphtheria booster every 10 years and influenza shot every year and based on your doctor's recommendation
Colon Cancer (sigmoidoscopy)	To screen for colon cancer	Every 3 years if 50 years or older
Colon Cancer (occult blood)	To screen for colon cancer	Annually if 50 or older
Self-Breast Exam (for women)	To screen for breast cancer	Monthly
Mammogram (for women)	To screen for breast cancer	Every 3 years if 20-40 years of age Annually if 40 years or older
Cholesterol	To screen for high cholesterol, which can be a cause for heart attack	Based on your doctor's recommendation
Diabetes (blood sugar)	To screen for diabetes	Based on your doctor's recommendation
Dental Exam	To screen for oral health problems (teeth, gums, tongue, mouth)	Once a year and based on your dentist's recommendation
Physical Exam	To screen for general health status	Every 2-3 years if 18-49 years Annually if over 50
Eye Exam	To screen for vision problems	Every year and based on your doctor's recommendation
Pelvic Exam/Pap Smear (for women)	To screen for cervical cancer	Every 1-3 years if 20-40 years of age Annually if over 40 years old
Prostate Exam (for men)	To screen for prostate cancer	Annually if over 50 years
Counseling	To screen for mental wellness	As part of routine physical exam

Most of the screening tests can usually be performed at a clinic or doctor's office. As you get older, you will need to undergo more screening in order to detect the early onset of a disease. ■

#### REFERENCES

Schroeder, S.A, L.M. Tierney, Jr., S.J. McPhee, M.A.

Papadakis, & M.A. Krupp. 1997. *Current medical diagnosis & treatment: A Lange medical book*. Stanford, CT: Appleton & Lange.

Guylaine L. Richard, M.D., *Guest Editor, is the Director of the Prince George's County Public Schools Head Start.*  
T: 301-408-7100; E: [guylain.richard@pgcps.org](mailto:guylain.richard@pgcps.org).



# GOVERNMENT INITIATIVES IN HEALTH

"Individuals have the power to protect their health, and prevention is the key. Through adoption of healthy behaviors, we can reduce the risk of illness and disease," said Health and Human Services (HHS) Secretary Tommy Thompson.

These government initiatives regarding health are underway.

**Closing the Gap:** This program, part of the Bush administration's initiative to eliminate racial and ethnic disparities in health, focuses on providing information to African-American communities to help people in those communities take charge of their health. The signature event of the program, "Take a Loved One to the Doctor Day," took place on September 24 and encourage members of minority communities to take a family member or loved one to see (or schedule an appointment with) a health care professional. For more information, see [www.healthgap.omhrc.gov](http://www.healthgap.omhrc.gov).

**Healthier U.S.:** Launched June 20, 2002, this initiative encourages physical activity as essential in promoting good health and preventing chronic diseases. For more information, see [www.HealthierUS.gov](http://www.HealthierUS.gov) and page 50 in the *Bulletin*.

**Healthy People 2010:** As the nation's broad-based national health agenda, the initiative targets obesity, lack of physical activity, and other health issues related to diabetes. For more information, see [www.health.gov/healthypeople/](http://www.health.gov/healthypeople/).

**Micro-Grants for Communities:** In September 2001, HHS launched a new program to award hundreds of "micro-grants" to community organizations for activities that support disease prevention and health promotion. Worth up to \$2010 each, the micro-grants will represent a new, low-cost approach to foster effective prevention efforts at the community level. Each grant will support local efforts to promote health education, quality care, access to care, and other projects that support the national health goals of "Healthy People 2010." Two organizations have been awarded cooperative agreements to administer the micro-grants.

## **National Breast and Cervical Cancer Early Detection**

**Program:** This initiative provides screening services, including clinical breast examinations, mammograms, pelvic examinations, and Pap tests, to underserved women. It also funds post-screening diagnostic services, such as surgical consultation and biopsy, to ensure that women with abnormal results receive timely and adequate referrals. For more information, see [www.cdc.gov/cancer/nbccedp/](http://www.cdc.gov/cancer/nbccedp/).

**National Diabetes Prevention Campaign:** In November 2002, HHS launched the first national diabetes prevention campaign in an effort to stem the explosion of diabetes and to help millions of Americans live longer and healthier lives. The campaign, "Small Steps, Big Rewards," emphasizes that modest lifestyle changes, including healthier diets and physical activity, can help prevent the onset of type 2 diabetes, the most common form of the disease. This campaign is part of the National Diabetes Education Program, co-sponsored by NIH and CDC. For more information, see [www.ndep.nih.gov/](http://www.ndep.nih.gov/).

**Initiative on Rural Communities:** This initiative aims to improve access to health care and social services for the 65 million Americans who live in rural areas. Health care and social service programs in rural communities provide needed support of communities' well-being and represent a significant segment of local economies. In October 2002, over \$25 million in grants were assigned to rural communities to improve health care in rural hospitals and speed help to heart attack victims in rural America. For more information, see [www.ruralhealth.hrsa.gov/initiative.htm](http://www.ruralhealth.hrsa.gov/initiative.htm).

**Health Care Safety Net:** Part of President Bush's five-year plan to add or expand health centers in 1,200 communities by 2006 and to increase the number of patients served annually to more than 16 million, the Health Care Safety Net was strengthened by an award of \$13 million in December 2002. In fiscal year 2002, the first full year of the initiative, HHS funded 171 new health center sites and awarded 131 grants to existing centers to help them build capacity and expand services.

# THE MIND-BODY CONNECTION

Many of us frequently experience the connection between our state of mind and our physical health. Often, that comes in the form of mental stress impacting how we feel. **by Robin Brocato**

*“A cheerful face is nearly as good for the individual as healthy weather,” said Benjamin Franklin (1706-1790).*

*“True enjoyment comes from activity of the mind and exercise of the body; the two are ever united,” stated Alexander von Humboldt (1769-1959).*

OVER 200 YEARS AGO, Benjamin Franklin and Alexander von Humboldt noticed the connection between our state of mind and our physical health. Whether we are aware of it or not, many of us frequently experience this connection. For example, have you ever found yourself feeling that you were on the verge of becoming sick or tired—and decided to fight it? Probably, you kept telling yourself over and over, “I don’t feel sick” or “I don’t have time to be tired.”

What happened next? My guess is that some of you went on to become sick or tired and others did not. While there are physical factors such as genetics, our immune system, and overall physical health that can account for this difference, other factors, including our emotional state and beliefs about health and illness, come into play as well.

For many years, scientists have noted the “placebo effect.” A placebo is defined as any treatment that does nothing to alleviate symptoms or disease, but somehow causes an effect. The effect results from the patient’s *belief* in the medicine’s efficacy, not from the medicine itself. What happens is this: While testing the effectiveness of a certain drug, one group of patients is given the drug, the other a placebo, which is often a sugar pill. At the end of the trial period, the group receiving the placebo experiences an improvement in symptoms or, on the other hand, feels worse or suffers side effects.

Studies show that between 60 to 90 percent of all

physician visits are for stress-related complaints. For over 30 years, Dr. Herbert Benson, the founder of the Mind/Body Medical Institute in Boston and author of *The Relaxation Response* (2000), has studied how mind/body medicine can

help treat stress-related conditions, including joint pain, hypertension, diabetes, migraine headaches, asthma, and allergies. Dr. Benson explains that stressful thoughts lead to the secretion of stress hormones that impede our natural healing capabilities. These hormones send the body into a state of arousal, causing metabolism, heart rate, blood pressure, breathing rate, and muscle tension to increase.



Photo by C. Dyer, Higher Horizons EHS-HS.

The relaxation response—which produces a physical state of deep rest—is a simple breathing and concentration technique that is practiced for only 10 - 20 minutes a day. Dr. Benson’s research shows that it reduces the harmful effects of the stress hormones.

What are some other ways to combat stress? Regular physical exercise helps. Yoga and meditation do, too (see pages 14-15). Although these methods are effective, they can take time and money for instruction and often may not be practical in the midst of a stressful situation.

So what else can we do? First, stop and take a deep breath—or two or even three! Turn your focus toward using the mind-body connection to produce a positive effect. For example, try using affirmations on a regular basis. Or, practice mindfulness.

Affirmations are a way of turning negative self-talk, which leads to stress, into positive, life-affirming statements. They are always stated in the present tense—I *am*, I *have*, I *choose*—and they reflect what we wish to experience. Think back to what we say when we might be getting sick or feeling tired: “I don’t feel sick” or “I don’t have time to be sick.” What do both of these statements have in common? They are negative and focus on what we do not want to happen.

More positive and effective statements are, “I feel energetic and healthy,” or “I am relaxed and have plenty of time to do what needs to be done.” At first it may feel silly to state over and over the exact opposite of what you are feeling. But with regular practice, you will notice a change. The inner world of your thoughts and feelings will be in line with the outer world of your experience. Your mind and body will work together to produce a positive result.

In her book *Emotional Alchemy*, Tara Bennett-Goleman (2001) describes mindfulness as a “meditative awareness that cultivates the capacity to see things just as they are from moment to moment.” In other words, we become fully aware, in a nonjudgmental way, of our thoughts, body sensations, and feelings as we experience them. For example, when you are showering, instead of allowing your mind to wander and worry about the busy day ahead, focus on the sensation of the water and the smell of the soap. When walking from the parking lot to your office, instead of anticipating the piles of paperwork you must wade through, listen to the sounds of your feet touching the pavement, smell the air, and feel the warmth of the sun. By practicing mindfulness regularly, we can live in the moment, feel content and peaceful, and experience joy in the *process* of doing all that

*Have you noticed how children at play approach what they are doing with joy and how they focus intently? Unlike us, they are not preoccupied with other matters.*

we do. We use our minds to produce the positive results that we want.

Children can teach us a lot about living in the moment and practicing affirmations. Time and time again, in a classroom or on a playground, I have noticed how children approach whatever they are doing with joy and how they focus intently on their involvement. When they feel ready to do something else, they turn their attention and energy to that. Take a moment or two to watch young children during the day, and see if you notice this as well.

A while ago, my 13-year-old niece, Melanie, was visiting me. I was having a particularly stressful day. I found myself saying to her over and over, “This is ending up to be a really bad day.” Finally, she turned to me and said, “Whenever I wake up and think it is going to be a bad day, I tell myself over and over it is a good day. And before you know it, it really is.” I learned an important lesson from Melanie that day. ■

#### REFERENCES

- Bennett-Goleman, T. 2001. *Emotional alchemy: How the mind can heal the heart*. Nevada City, CA: Harmony Books.
- Benson, H. & M.Z. Klippur. 2000. *The relaxation response*. Rev. ed. New York: Harper Torch.

---

Robin Brocato, *Guest Editor, is a Health Specialist at the Head Start Bureau. T: 202-205-9903; E: [rbrocato@acf.hhs.gov](mailto:rbrocato@acf.hhs.gov).*



# PREVENTING WORK-RELATED MUSCULOSKELETAL INJURIES

*Reprinted with permission from the Child Care Information Exchange; P.O. Box 3249; Redmond, WA 98073; (800) 221-2864*

Back injury is the most common cause of occupational injury for people who work with young children—but preventative measures are effective and can be easily learned. **by Alicia M. Wortman**

COMMON SENSE TELLS US that happy healthy employees are more productive in the workplace. In the child care environment, employee productivity directly affects our children. Although researchers have studied the health and epidemiology of illness among children in out-of-home day care, few have examined the occupational health of caregivers. Just like any workplace, there are environmental and occupational hazards in a child care center. Ideally, we want to minimize the hazards and maximize the opportunities to ensure the health and safety of the employees.

## Ergonomics for Child Care

ERGONOMICS IS THE SCIENTIFIC STUDY of fitting a job to an individual. This science can, and should, be applied to the child care setting. Musculoskeletal injuries are relatively high among child care providers. The Bureau of Labor Statistics reported that one of every 100 child care workers suffered a nonfatal occupational injury in 1999 (Bureau of Labor Statistics). Working as a child care provider can be a physically demanding job. It requires constant interaction with active (sometimes hyperactive), spontaneous, impulsive, heavy (sometimes very heavy) children. Lifting, stooping, bending, climbing, crawling, reaching, pulling, and pushing are just some of the strenuous activities required. According to the Center for Disease Control and Prevention, back injury is the most common cause of occupational injury for child care providers (U.S. Public Health Service). Aches, pains, muscle strains, and sprains are also commonplace. Many of these musculoskeletal injuries can be prevented.

Phyllis M. King noted the paucity of documented research regarding the health and safety of the child care provider in a child care setting (King, Gratz, Scheuer, & Claffey). However, research in other workplace settings can be applied to the child care setting. Child care providers

need to be educated about what to do, and what resources to use, so they can improve the efficiency and safety of their working environment.

The medical literature reports that most back pain is not the result of a single injury. Even though pain may be felt suddenly, the problem is almost always due to a combination of several factors. These factors include poor posture, faulty body mechanics, stressful living or work habits, loss of flexibility, and a general decline of physical fitness (Saunders). The good news is that we have control over these factors. We can improve our posture and body mechanics. We can work with our co-workers to improve



Photo by J. Swift.

**Sit with a pillow to support your back**

the ergonomic set-up of our workplace. And, we can exercise regularly to improve our flexibility and general fitness.

## Education is Key

THE CHILD CARE PROVIDER MUST LEARN about these issues as part of employment orientation. However, the education should not stop here. Education of employees should be an ongoing process with regular in-service, provision of written brochures and literature, and reminders that help staff incorporate the behaviors into the daily routine. For instance, pictures of proper lifting techniques and written reminders [can be] posted on the wall.

Education on use of proper body mechanics must begin with a basic understanding of the anatomy and physiology of the spine. The spine is a unique set of joints which serve many vital functions. Not only does the spine serve as the foundation for our skeleton, providing us with both stability and mobility, but it also houses our spinal cord, which is an extension of our brain—receiving and providing sensorimotor input/output. The spine has a natural inward curve (or lordosis) in the lumbar and cervical spine and a natural outward (or kyphosis) in the thoracic spine. These curves exist to provide necessary shock absorption, stability, and mobility needed for normal biomechanical function. We must support and maintain these natural curvatures, or what has been termed as a neutral

pelvis level, and abdomen tight while you use your thigh muscles to raise your body to standing.

### **Getting to Child Level**

AVOID LEANING FORWARD OR DOWNWARD to reach or assist children. Instead, assume a squatting position or kneeling position to bring your body closer to the children. Use small kneeling pads (similar to the type used for gardening) to allow more comfortable kneeling when working with children who are sitting at child-sized tables. Do not sit for prolonged periods of time. When you must sit, use comfortable chairs with back support (rockers, gliders, etc.).

Education on use of proper body mechanics must begin with a basic understanding of anatomy and physiology of the spine. The spine is a unique set of joints. It serves as the foundation for our skeleton and houses our spinal cord, which is an extension of our brain.

spine. Find your neutral spine by standing erect and gently tightening your abdominal (stomach) muscles. Perform this exercise in various positions: sitting, standing, and lying. With continued practice there will be carry-over to retrain these muscles to naturally support the lumbar spine without conscious effort.

The spine is not supported when you sit in a slumped position. This can be avoided by sitting with low-back support. If you must sit on the floor, sit against a wall or with a large husband-style pillow for your back. Adults should use adult furniture whenever possible. When the situation requires using child-sized chairs, tables, or desks, be sure to sit with as much back support as possible. Stand up as if rising from a squat position, keeping your back straight,

### **Stretching**

BREAK UP BOUTS OF SITTING with gentle stretching exercises. When you sit, your spine naturally flexes (or rounds). It is important to counterbalance this with some gentle extension exercises. For instance, each time you rise from a seated position, place your hands in the small of your back and gently lean backward. Hold for a few seconds and return to the natural upright position. Repeat several times throughout the day. Another useful technique involves simply reaching your arms towards the ceiling, in order to stretch and extend the trunk and neck.

### **Standing**

PROPER POSTURE SHOULD BE USED while standing as well.

When standing for a prolonged period of time, shift your weight from side to side and change positions. Adjust the height of changing tables so that the child you are changing is at your waist level. Use step stools for accessing high-to-reach places. Reorganize areas so that the most commonly used items are at an accessible level while standing.

### A Buddy System

IF POSSIBLE, INSTALL LARGE MIRRORS (shatter-resistant, of course) throughout the child care center. This will help to provide constant reminders to improve your posture and body mechanics. Also, use a buddy system so co-workers remind each other when faulty body mechanics are observed.

### Footwear

BE SURE THAT YOU WEAR COMFORTABLE SHOES with good shock-absorption. With every step, your foot must absorb one-and-a-half times your body weight. You can purchase over-the-counter shoe inserts to increase the shock-absorption of your shoe. This will help divert unnecessary stress to your weight bearing joints. Avoid wearing high heels or hard-heeled shoes.

### Lifting

ANOTHER WAY TO REDUCE STRESS TO THE SPINE is by reducing the amount of lifting. This may be a difficult task in the child care environment. When lifting, use proper lifting techniques. Tighten your stomach musculature as you lift. This helps the muscles to provide a corset-like support to the spine. Bend at your knees and hips and bring the item or child close to your body before lifting. Do not twist or turn when lifting. Twisting stresses the muscles, ligaments, and joints of the spine complex.

Avoid repetitive lifting from the floor. Have the children pick up toys and other items from the floor. Incorporate this into daily clean-up time. Always lower the crib side before lifting a child out. Utilize a ramp or small, stable step ladders, or stairs to allow children, with close

and continuous supervision, to climb up to change tables or other places to which they would ordinarily be lifted. Use convenient equipment, like a multi-seat stroller, for moving children, reducing the necessity for carrying them long distances.

### Exercise

FINALLY, INCORPORATE EXERCISE into daily routines. Maintaining general fitness and flexibility is essential to maintaining musculoskeletal health. Incorporating some of the gentle stretches mentioned above is a good way of ensuring that you maintain your flexibility. Institute walking programs and other fitness programs for the staff to encourage overall physical fitness. Work together as a team by developing an ergonomics mission statement that supports the mission of the organization. For example: "The mission of the XYZ Ergonomics Program is to support quality child care through the safe and innovative use of ergonomics, maximizing productivity, and protecting the health of the workforce" (Worrell). Use a team approach to develop ideas to improve the ergonomics of your child care center. ■

### REFERENCES

- Bureau of Labor Statistics. (December 2000). U.S. Department of Labor.
- U.S. Public Health Service. (1996). *The ABCs of safe and healthy child care: a handbook for child care providers*.
- King, P.M., Gratz, R., Scheuer, G., & Claffey, A. (1996). The ergonomics of child care: conducting worksite analyses. *Work*, 6:25-32.
- Saunders, H. (1992). *Self help manual: for your back*. Chaska, MN: Saunders Group, 6.
- Worrell, G. (2001). Revitalizing your ergonomics program. *Occupational Health & Safety*, 70:93-4,7.

---

Alicia M. Wortman, *is a physical therapist at the Hospital of the University of Pennsylvania in Philadelphia.*



## WISE MOVES

Challenge	Wise Moves
<b>Lifting children, toys, supplies, etc.</b>	Avoid lifting by having children climb steps with help. Pull child or object to be lifted as close as possible directly in front of you; squat and wrap your arms around whatever you are lifting. Then tighten stomach muscles and use thigh muscles to raise yourself and your load. Lower objects and children by sliding them down your body to the level where you can squat or kneel to lower whatever you are putting down to its destination.
<b>Inadequate work heights</b>	Reorganize to store frequently used objects where you can reach them easily. Store heavy objects at waist height so you don't have to lift them. Adjust diapering and similar work surfaces to waist height; use adult-sized chairs whenever you can; squat or kneel on a kneepad if you can't sit down next to children to help. Use step stools to reach high places.
<b>Lifting infants in and out of cribs</b>	Do not use cribs with floor level mattresses or those that do not have a side you can drop when putting children in or out. Get you and the child as close to the crib side as possible before you lift.
<b>Frequent sitting on the floor without back support</b>	When possible, sit against a wall or furniture that supports your back. Sit with a little pillow in the small of your back when you can. Stretch when you get up.
<b>Carrying children or heavy objects</b>	Use carts and strollers. Let children climb up with a step stool. If possible, divide heavy loads into several smaller loads and use carts that can be slid under the load and then tilt the load onto the cart.
<b>Awkward posture to open windows or adjust objects</b>	Move objects away from the window to get as close as possible to it. Put one foot on a step stool for better leverage. Lubricate the window mechanism to make opening easier. Ask for help from a co-worker when the job is hard.
<b>Sweeping/picking up crumbs and small toys from the floor</b>	Use a long-handled dustpan and broom. Keep a separate clean one for toys and one for things going into the trash.
<b>Caring for children with special needs</b>	Get specific training from the child's physical therapist about how to move and carry the child.
<b>Caring for children during active play when sudden moves may be needed</b>	Avoid twisting. Practice turning and bending to intercept a running or falling child so the move becomes natural. Bend knees when pushing children in swings. Use good body mechanics to help children on and off equipment.

Source: Work, 6:25-32: *The ergonomics of child care: conducting worksite analyses* (King, Gratz, Scheuer, & Claffey).

# STRESS REDUCTION AND YOGA

Yoga is an effective way to release stress because it stimulates both the mind and the body. **by Beverly Gould**

UNTIL RECENTLY, when most people thought about yoga, they had images of being bent into a pretzel. However, the ancient practice of yoga, with a history of 5,000 years, is more than convoluted exercises. It improves our physical and emotional health. Movie stars, models, athletes, politicians, as well as everyday people, attest to its benefits. Furthermore, research affirms that yoga is a stress reducer.

Stress is our reaction to something in the environment or a social situation that poses a real or perceived threat. In order to ward off the threat, the individual has to mount a physiological, physical, or psychological response. Some stress

financial pressures, community and domestic violence, divorce and other losses, substance abuse, physical illness, and homelessness. Yoga is an effective way to resolve stress because it works on both the mind and body, reducing the feeling of being overwhelmed and burned out by life's circumstances. Yoga stimulates the natural healing resources of the mind and body so that the individual is better able to cope with stress.

## What is Yoga

YOGA IS A COMBINATION OF EXERCISE POSTURES, breathing exercises, and a philosophy about the way one lives life. The different yoga postures, called *asanas*, are specifically designed to stretch and relax certain muscles and stimulate various organs and glands to balance them for optimal health. Stephen Cope (1999), psychotherapist and yogi, states that the body records and holds the memories of how we were touched, held, soothed, or traumatized and frightened from birth. When tension becomes locked within the fascia, or connective tissue of the body, emotional and physical reactions to stress can cause painful symptoms.

Muscles that are tightly held can result in shortened or chronically contracted muscles. Stress is then put on the opposition muscle groups. They may become weak and flaccid from under-use. With regular practice, the stretching, relaxing, and stimulating yoga postures bring a sense of well-being, a feeling of ease within the body and the emotions.

In conjunction with the *asanas*, one needs to practice breathing exercises. Yogis believe that breath is life—the life force that exists between the boundary of the body and the mind. The breathing exercises, called *pranayama*, induce relaxation in the parasympathetic nervous system. *Prana* means the breath; *yama* means to pause. When we bring our awareness to our breathing, we may notice that the breath is chronically held in a shallow and restricted way. *Pranayama* is the practice of regulating irregular and hurried respiratory processes without using excessive restraint or force. Breath that is fully open, deep, relaxed, and slow without constriction in the lungs, in the diaphragm, or in the muscles of the



can be positive, useful, and even necessary as motivation in everyday life and emergency situations.

The danger comes when stress is chronic or unmanageable because a person's responses may be inadequate. Intense stress can lead to physical illness, emotional problems, or interpersonal difficulties. Many Head Start staff and families experience challenging and overwhelming stress, including

chest and rib cage, allows for a full emotional experience.

The third component of yoga is its philosophy. The central principle is *ahimsa*, meaning nonviolence in attitude as well as behavior. This principle is applied to the way one performs the asanas as well as the way that one lives one's life. There is no competition among yoga students; we only strive to be the best we can be on any given day, listening to the sensations, messages, and wisdom of the body. We are also charged with looking at how we make life difficult for ourselves, push ourselves, judge ourselves, and create an inner environment of violence against ourselves.

### How Does Yoga Promote Wellness?

THE PHILOSOPHY AND PRACTICE OF YOGA offer many insights about the way that the mind and body work. In 1982, the National Institute of Health established the Office of Alternative Medicine (OAM). In 1998, this became the National Center for Complementary and Alternative Medicine (NCCAM). The Center is funding research about yoga and its role in promoting wellness. Preliminary findings suggest that yoga helps to prevent, heal, or alleviate conditions such as heart disease, carpal tunnel syndrome, asthma, diabetes, high blood pressure, symptoms of menopause and many chronic disabilities (Lipson 1999). Yoga is also becoming increasingly popular as an adjunct therapy for HIV/AIDS (Kaiser 1998).

Yoga's focus on the correct alignment of the body is useful in assisting with musculoskeletal and joint problems. In a small, controlled study, Professor Steven Hawkins from the Department of Kinesiology and Physical Education at California State University, Los Angeles (Sparrowe 2001 ) found that women who did certain yoga postures in class twice a week and practiced on their own three times a week showed notable increases in the bone density of their spine. His findings support the notion that women of all ages can enhance their bone health through yoga.

Yoga also aids in weight loss. The breathing exercises oxygenate the body, increase lung capacity and help the metabolism to function at a higher level. The postures bring increased body awareness and an inner quiet that allow a

greater exploration of the emotional issues buried by overeating. Yoga increases the energy level and improves circulation. More and more insurance companies are willing to reimburse for yoga treatment because they recognize that yoga is a relatively inexpensive, but effective form of treatment and rehabilitation for some chronic illnesses (Lipson 1999).

Yoga can benefit most of us. Yoga exercises are helpful during pregnancy (Teasdill 2000). Gentle yoga is offered to the geriatric population and the chronically ill. Recently, yoga has been used with and without traditional therapy to improve the attention, respiration, and motor capacities of children with Down's syndrome, cerebral palsy, and learning disabilities (Sumar 1998). At all ages and under many different health conditions, the ancient science of yoga helps to quiet the mind, focus attention, and relax the body.

For more information, see the National Center for Complementary and Alternative Medicine (NCCAM) Web site at <http://nccam.nih.gov>. ■

### REFERENCES

- Cope, S. 1999. *Yoga and the quest for the true self*. New York: Bantam Books.
- Kaiser, J.D. 1998. *Healing HIV: How to rebuild your immune system*. Mill Valley, CA: Health First Press.
- Lipson, E. 1999. Medical proof yoga works. *Yoga Journal*, 149: 6-12.
- Sparrowe, L. May 2001. Good to the bone. *Yoga Journal*, 160: 106-171.
- Sumar, S. 1998. *Yoga for the special child: A therapeutic approach for infants and children with Down's syndrome, cerebral palsy and learning disabilities*. Buckingham, VA: Special Yoga Publications.
- Teasdill, W. 2000. *Step by step yoga for pregnancy: Essential exercises for the childbearing years*. New York: Contemporary Books, McGraw Hill Professionals.

---

Beverly Gould is working on her Post Doctorate in neuropsychology at Emory University and was a 2000-2001 Head Start Fellow. T: 404-712-9825; E: [priyadarsa@aol.com](mailto:priyadarsa@aol.com).



# DIABETES AND OBESITY PREVENTION AN EXCITING INITIATIVE

Head Start and the Indian Health Service have launched an initiative to promote healthy habits and lifestyle changes.

AN ESTIMATED 17 MILLION AMERICANS currently have it, but over a third are not even aware they have it. What is it? It is Type 2 diabetes, a disease whose prevalence is increasing rapidly in the United States. Type 2 diabetes is on the increase primarily due to our lifestyle—poor eating habits and lack of exercise are the main culprits. An unhealthy lifestyle can lead to obesity—a condition occurring in epidemic proportions in America—which can pose many health risks, including Type 2 diabetes. Most at risk for diabetes are certain population groups including, African Americans, Hispanic Americans, Asian Americans, Pacific Islanders, and American Indians.

Diabetes is dangerous. It is the main cause of kidney failure, limb amputations, blindness in adults, and a major contributor to heart disease and stroke (National Institute of Diabetes & Digestive & Kidney Diseases 2002). Other health concerns related to the occurrence of Type 2 diabetes include high blood pressure, nervous system disease, periodontal or gum disease, and complications of pregnancy (Centers for Disease Control and Prevention 2002).

The American Diabetes Association (ADA) defines Type 2 diabetes as “a metabolic disorder resulting from the body’s inability to make enough, or properly use, insulin” (2002). Insulin is a hormone that is needed to convert sugar, starches, and other foods into energy necessary for daily life.

## What Head Start is Doing

HEAD START PROGRAMS offer a unique opportunity to implement obesity and diabetes prevention programs that are culturally oriented, family-centered, and community-based. “Healthy Children, Healthy Families, and Healthy Communities” is a program created by the Indian Health Service (IHS) Head Start Obesity and Diabetes Prevention Initiative. The initiative promotes healthy habits, physical activity, healthful eating behaviors, and self-esteem among American Indian/Alaskan Native Head Start children, families, staff, and communities. The goal is to prevent or delay

Type 2 diabetes and obesity.

In 2000, the initiative began with five tribal

Head Start pilot sites:

- Eastern Band of Cherokee Indians—Cherokee, NC
- Northern Cheyenne Head Start—Lame Deer, UT
- Red Cliff Early Head Start—Bayfield, WI
- San Felipe Pueblo Head Start—Pueblo of San Felipe, NM
- Winnebago Head Start—Winnebago, NE

The sites receive training and technical assistance, including the latest scientific information, through quarterly meetings and on-site consultation visits by health experts. Each site has developed specific initiatives based on their respective

Northern Cheyenne Head Start created the “Eat Healthy Campaign”—the tribal symbol “morning star” is placed on the labels of healthy foods in local grocery stores.

community needs. The pilot models are shared with the wider Head Start community and health professionals through public presentations, workshops, and other dissemination activities. Evaluation is ongoing, allowing for continuous program improvement.

According to Cheryl Wilson, Diabetes Prevention Consultant for IHS, the initiative is progressing beautifully. She attributes much of the success to the programs’ roots in the communities they serve. Each pilot site is required to work with a community health partner that is committed to the initiative for its duration and provides consistent support. Most sites selected their local *Special Diabetes Program for Indians* grant program as their partner. Other partners include Women, Infants, and Children (WIC), and Residential Energy Assistance Challenge Option Program (REACH). New

resources for the Head Start community can and do develop out of these community partnerships.

The pilot sites are conducting many exciting and innovative interventions that reflect the needs of the community—

- San Felipe Pueblo Head Start, in conjunction with the local Health and Wellness Department, has a diabetes prevention program that emphasizes physical activity for Head Start children, parents, and staff. The program offers free aerobics classes for community women, Alpha Fit (weekly classroom exercise sessions for children set to music), and monthly fun runs and walks for families.
- The Northern Cheyenne Head Start Program has created the “Eat Healthy Campaign” in which the tribal symbol “morning star” is placed on the labels of healthy foods in local grocery stores.
- At the Winnebago Head Start in Nebraska, monthly family fun nights include a healthy meal, education for parents, fun fitness and reading games for children, and door prizes and books for those attending. The staff are involved in weekly fitness activities with a theme: March Madness (basketball), Up with the Birds (early morning exercise), Tae-Bo (kick-boxing aerobics), Husker (for Nebraska) football, country line-dancing, and many more.
- At the Red Cliff Early Head Start, a registered dietician makes presentations about nutrition for staff and parents.

### Success Already

THOSE INVOLVED in the Diabetes Prevention Initiative are enthusiastic about its successes and future possibilities. Pam Potter, Program Director for Winnebago Head Start, reports that the staff has felt results in their overall well-being, herself included. Cynthia Cheykaychi, Director of the San Felipe Head Start, believes their program has been especially successful in creating awareness of how dangerous diabetes is and the complications that can result. She says the program really makes a difference by helping to create healthy lifestyle

habits and awareness of the dangers of diabetes in young children. The result is a “continuum of prevention,” the effects of which will be apparent in years to come.

Although results of the pilot program will not be disseminated until the program’s end in 2004, the number of participants is growing fast. The Eastern Band of Cherokee Indians Tribal Care Healthy Journeys Initiative reports a “ripple effect” in its 50-mile walking club, which started with only a handful of members. Family members of the staff and Head Start children and parents, as well as others in the community, are getting active. But this does not happen overnight. Virginia Johnson-Shell, Health Services Manager for the Cherokee Indians Initiative, advises programs “to have patience” in gaining participation for their activities.

Wilson hopes that other Head Start and Early Head Start programs will follow the examples of the pilot sites—they, too, can become involved in the fight to prevent Type 2 diabetes, especially with the help of a community partner. Interested programs can start their own diabetes and obesity prevention activities at any time without extra funding—it is as easy as planning a regular walking program! ■

### REFERENCES

- American Diabetes Association. 26 June 2002 <[www.diabetes.org/](http://www.diabetes.org/)>.
- Centers for Disease Control and Prevention. 26 June 2002 <[www.cdc.gov/](http://www.cdc.gov/)>.
- National Institute of Diabetes & Digestive & Kidney Diseases. “Diet and Exercise Dramatically Delay Type 2 Diabetes: Diabetes Medication Metformin Also Effective.” 26 June 2002 <[www.niddk.nih.gov/welcome/releases/8\\_8\\_01.htm](http://www.niddk.nih.gov/welcome/releases/8_8_01.htm)>.

*Special thanks to Cheryl Wilson, Diabetes Prevention Consultant for the IHS National Diabetes Program, for contributing to this article. The Head Start Bureau also extends its appreciation to all the programs for sharing their experiences.*

# ORAL HEALTH—IT'S NOT JUST A KID THING

Most dental problems in adults can be prevented with just a little bit of work each day. **by Dr. Harry W. Bickel, Jr.**

HEAD START PROGRAMS spend a great deal of time and energy on children's oral health. All children in a Head Start program receive a dental examination and any necessary follow-up treatment. They are taught about the dentist, oral health, and oral hygiene. In Head Start programs, they also brush their teeth every day and are not allowed to eat sugar between meals. Why do the programs go to all this trouble? *Because healthy teeth are important to children's overall health!*

But what about your teeth? They are important, too! Fortunately, many of the things that Head Start does for the children's teeth can also help yours.

The key to good oral health is *prevention*. Most dental problems can be prevented with just a little bit of work each day. Unfortunately, many people wait until they have a problem and then try to do something about it. Once a problem has occurred, however, it can often be difficult and expensive to fix.

When I talk to Head Start parents about their children's teeth, I tell them there are three things they can do to insure that their child will have a healthy mouth—

1. Help the child brush each day with a fluoride toothpaste.
2. Make sure the child does not eat a lot of sweets between meals or go to bed with a bottle containing sugar.
3. Take the child to the dentist at least once a year so that little problems do not become big problems.

These same rules apply to adult teeth. However, there is one additional rule for adults—

4. Floss the teeth every day to insure that the gums and the bone that supports the teeth remain healthy.

Let's take these rules and apply them to adults.

## **Brush your teeth each day with a fluoride toothpaste.**

THE MOST COMMON PROBLEM with teeth is decay.

Decay begins when a film of bacteria and fibers builds up on the teeth. This is called plaque. The bacteria in the plaque take sugar from the foods that people eat and produce acid. The acid eating away at the tooth is called decay; the hole is called a cavity.

While decay is more commonly found in children, it does occur in adults. Toothbrushing alone will not prevent all decay, but it will help. Dentists usually recommend that teeth be thoroughly brushed several times a day, using a soft brush in a circular motion. This will remove most of the plaque, especially that which builds up near the gums and on the smooth, outer surfaces of the teeth.



Photo by A. Mabry.

Using a fluoride toothpaste is important for two reasons. The toothpaste itself is a mild abrasive, so it makes it easier for the brush to remove the plaque. Also, the fluoride in the toothpaste is deposited on the surfaces of the teeth and makes them more resistant to the acid created by the plaque. If there is fluoride in the water supply you drink, this will also help prevent decay. Used properly, fluoride is one of the best ways of preventing tooth decay.

## **Eat sweets with meals, not between meals.**

THE BACTERIA IN THE PLAQUE take the sugar from the food and turn it into acid. If the bacteria do not have the sugar, they cannot produce the acid. Unfortunately, people in this country eat a lot of sugar—more than a hundred pounds per



person each year. That is a lot of sugar! The good news is that people do not have to stop eating sugar entirely to reduce the amount of decay they get.

Most people eat three meals a day. When they do, the bacteria feed on the sugar in the food, and the acid level in the mouth goes up. Normally, this process stops soon after the meal is finished and the acid level goes back down. But if the person begins drinking a soft drink or snacking on a candy bar between the meals, the process starts all over again. When this happens, the teeth are constantly exposed to the acid. These eating habits can destroy a person's teeth in a short period of time. The most important thing to remember here is to eat sweets with meals, not between meals.

**Visit the dentist at least once a year so that little problems do not become big problems.**

A SIMPLE FACT OF LIFE is that decayed teeth do not get better. They either stay the same or, more likely, get worse. As more and more acid is produced, the cavity gets bigger and bigger. It also gets deeper. The center of each tooth is a hollow cavity known as the pulp chamber. It contains the blood and nerve supply to the tooth. When the decay reaches the pulp cavity, the tooth dies. If this happens, the only thing that can save the tooth is a root canal and a crown. If nothing is done, it is highly likely that an infection will begin in the pulp chamber and spread to the bone surrounding the tooth. This is called an abscess and it can be very painful. It usually requires treatment with antibiotics.

Little problems are much easier and less expensive to fix than big ones. The longer a person waits, the more difficult the problem is to fix and the more it costs. If a person waits too long, it may not be possible to fix the problem at all. When this happens, the tooth is lost and the situation becomes even more serious. All of this can be avoided if the dentist finds the problem early and fixes it.

**Floss teeth every day to insure that the gums and the bone that support the teeth remain healthy.**

I ONCE WORKED IN A DENTAL OFFICE that had a sign on

the wall that read, "You don't have to floss all of your teeth, just the ones you want to keep." It's true! Adults who don't brush and floss their teeth regularly are likely to lose them because of gum disease. Most people are taught to brush their teeth to prevent tooth decay. That is fine, but as one gets older, decay becomes less of a problem and gum disease becomes more of one. The bacteria found in the plaque, in addition to causing decay, also cause gum disease.

The plaque first builds up next to the gum tissue, both on the outer surfaces and between the teeth. If left there, it begins to irritate the gums. As the gums become more irritated and inflamed, they appear red and bleed easily. A person whose gums bleed easily when they brush and floss has at least some gum disease. There usually is no need to panic, since there should still be time to do something about it. If nothing is done, the inflamed gum tissue will begin to affect the underlying bone that supports the teeth. Over a long period of time, the bone will erode, and the teeth will become loose in their sockets. This is what many people call Pyorrhea. Dentists call it Periodontal Disease. Unless treated, it eventually leads to tooth loss.

Fortunately, the brushing that is done to prevent tooth decay also helps to prevent gum disease. It does not do the whole job. To prevent gum disease, the teeth also need to be flossed every day. Brushing only removes the plaque on the outer surfaces of the teeth. The plaque between the teeth must be removed with dental floss. If it is not, gum disease will occur in this area.

So what does this tell us? The key to good oral health in adults is the same as that in children: *prevention!* The more people do for themselves, and the earlier they do it, the better off they will be. If adults follow a few simple rules, they can have a lifetime of healthy smiles. If they do not, they will probably pay the price. ■

---

Harry W. Bickel, Jr., D.M.D., is a Health Specialist at the Head Start Region IV QIC at Western Kentucky University. T: 270-745-4041; E: [hbickel@insightbb.com](mailto:hbickel@insightbb.com).

# ARE YOU READY FOR A HEALTHIER ME?



Photo by D. Mentzer.

**In support of a healthy Head Start community, the Head Start Bureau is inviting you to join the Healthier Me Campaign. We're challenging everyone in the Head Start community (including us at the Head Start Bureau!) to commit to one lifestyle change that will result in a Healthier Me.**

In April 2003, Head Start and Early Head Start Directors, Health Service Managers, and others involved in health services in Head Start are attending the National Head Start Health Services Institute in Washington, D.C. This marks the first time since 1990 that the Head Start health community has come together. One day will be devoted to examining ways that programs can support staff in their efforts to improve their health. During the Institute, daily fitness activities, along with healthy snacks, will be offered.

The Head Start Bureau staff has decided to improve their own health (and to serve as an example for local staff) by working toward the Presidential Adult Active Lifestyle Award (PAAL). This is a new award to recognize adults for committing to regular physical activity and is offered as part of the President's Challenge, a program designed to motivate all Americans to be active. Adult participants can do many different types of activity (from aerobics to dancing to yoga) but the minimum is 30 minutes of activity or 10,000 pedometer steps each day for at least five days per week over a six-week period. Daily activity is recorded on a form. Adults can achieve the award independently or with a child or adolescent. At the end, participants receive an emblem and a certificate to acknowledge their accomplishments.

We at the Head Start Bureau are sharing our accomplishments at an evening reception at the Institute. At that time, the Head Start Bureau is formally launching its Healthier Me campaign—a challenge to Head Start staff nationwide to commit to improving their health. We look forward to supporting you as you take that first step to becoming a healthier you!

# Head Start Self-Change Contract



I, \_\_\_\_\_, DO HEREBY AGREE TO BEGIN MY CHANGE  
AS OF \_\_\_\_\_, AND TO CONTINUE IT FOR A MINIMUM PERIOD OF  
\_\_\_\_\_ *Month/Day/Year*

WHAT I PLAN TO DO IS: \_\_\_\_\_

THE BARRIERS I ANTICIPATE ARE: \_\_\_\_\_

MY SUPPORT PERSONS AND WHAT I WANT OF THEM ARE: \_\_\_\_\_

SHORT-TERM (DAILY) REWARDS ARE: \_\_\_\_\_

LONG-TERM REWARDS WILL BE: \_\_\_\_\_

Signature

Witness

The Head Start Training Guide Enhancing Health in the Head Start Workplace (1996).



# CONTRACTO DE HEAD START DE

## Cambio Personal



Yo , \_\_\_\_\_ , POR LA PRESENTE ACCEDO A

COMENZAR MI CAMBIO A PARTIR DE \_\_\_\_\_ , Y CONTINUARLO

*Fecha*

POR UN PERÍODO MÍNIMO DE \_\_\_\_\_

LO QUE PIENSO HACER ES: \_\_\_\_\_

LOS OBSTÁCULOS QUE ANTICIPO SON: \_\_\_\_\_

LAS PERSONAS QUE ME APOYARÁN SON LAS SIGUIENTES Y LO QUE DESEO DE ELLAS ES:

\_\_\_\_\_

LAS RECOMPENSAS A CORTO PLAZO (DIARIAS) SON: \_\_\_\_\_

LAS RECOMPENSAS A LARGO PLAZO: \_\_\_\_\_

\_\_\_\_\_

*Firma*

*Testigo*

# ✓ FINALLY SAY GOODBYE TO SMOKING

*The information in this article is excerpted from the Washington Post, Tuesday 19 February, 2002, Section F, HEO1 "The Butt Stops Here," by Sally Squires*

Do you need help quitting? Assistance is available, including drug treatments and organized cessation and support programs.

IN AMERICA, OVER 50 MILLION PEOPLE SMOKE. According to the Federal Centers for Disease Control (CDC), about 40 percent will try to quit at least once in 2002. Unfortunately, fewer than 1 out of 10 will be successful. Many smokers will try to quit 5 to 7 times before they finally succeed, and in most cases this is only after taking proper steps, which today include different medications and smoking cessation programs. With the new kinds of assistance available, experts agree there has never been a better time to quit.

Today, there are many scientifically validated drug treatment choices that can reduce withdrawal and cravings. Four nicotine replacement methods are safe and have been

proven effective: gum, a patch, an inhaler, and a nasal spray. They have minimal side effects, extremely low risk of addiction, and are free of approximately 4,000 of the harmful substances that are found in cigarettes. The drug Bupropion (also known as Wellbutrin) has proven effective in reducing the dose of nicotine the body receives and in taking the edge off cravings and withdrawal. Drug treatments work best when combined with organized cessation and support programs and/or individual counseling.

Tobacco experts believe that smokers should keep trying to quit. There are a lot of options out there to help you. Keep trying. Many give up too soon. And keep in mind, even if you have tried and only stopped smoking for days or weeks at a time, you still have a good chance of succeeding in the end. ■

## WAYS TO HELP YOU KICK THE HABIT

Here are ways to help make the quitting process smoother and more effective—

- Set a date to quit. The sooner, the better. Try within 2 weeks.
- Talk with your doctor about medication to help while you quit.
- Involve your friends, family, and co-workers. Social support combined with drug treatment can boost success rates to 30%.
- Avoid alcohol for at least the first two months while quitting.
- Do not diet. Expect to gain a couple pounds.
- Exercise. It will help limit weight gain, can ease cravings for nicotine, improve sleep, and elevate mood.
- Drink fluids. They help flush nicotine from the body.
- Gradually reduce the amount of each cigarette smoked until you are only smoking a quarter of each cigarette.
- Cut back on the number of cigarettes smoked daily. Reduce the number of cigarettes smoked daily by two each day until you are not smoking any.
- Make a list of why you want to quit smoking. Keep the list with your cigarettes as a reminder.
- Develop a list of triggers. Plan in advance to avoid them.
- Find a phone buddy or Internet friend. Live assistance can be a valuable source of support and guidance. See box on right.

## NATIONAL QUIT LINES AND ONLINE SUPPORT

For more resources see page 44

### American Cancer Society

1599 Clifton Rd., NE; Atlanta, GA 30329

Quit Hotline: 877-937-7848 (24 hours a day everyday)

### American Lung Association

1740 Broadway; 14th Floor; New York, NY 10019

Quit Hotline: 800-LUNG-USA (24 hours a day everyday)

Freedom From Smoking, the free online smoking cessation program, is available at [www.lungusa.org](http://www.lungusa.org). (24 hours a day everyday)

### National Cancer Institute

Quit Hotline: 800-4-CANCER

Live Help available at [cis.nci.nih.gov](http://cis.nci.nih.gov). (M-F, 9:00 a.m.-4:30 p.m.)

### QuitNet

Assistance available at [www.quitnet.com](http://www.quitnet.com). (M-F, 9 a.m.-7:30 p.m.)

*As I was working on this article, I found a reborn force inside me, pushing me to attempt to quit smoking yet another time. I am ready to live a healthier life. I hope this article helps convince you that there are ways to make that change. If you do choose to quit, unlike some situations in life, there will be no negative repercussions. Your family and friends will support you, and in the end, they will thank you.*

—Aisha Mahy, Publications Assistant

BY SHANNON BLAS

# PEER HEALTH EDUCATORS

## TEACHBACK TO OTHER HEAD START PARENTS

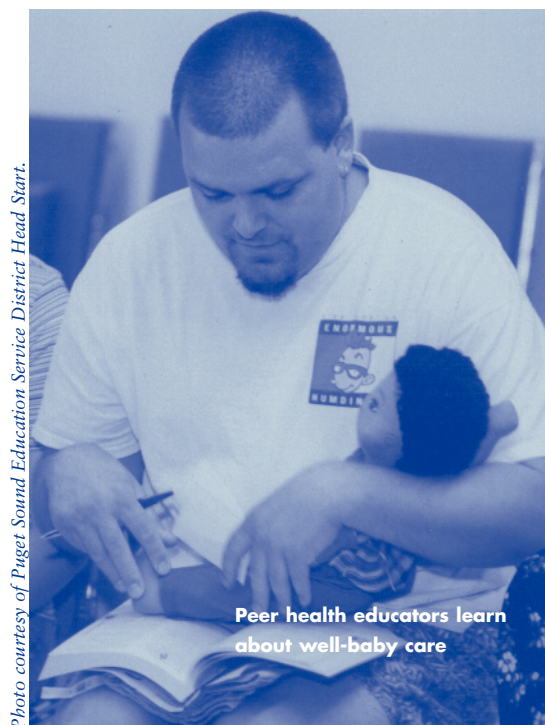
IN 1997, PUGET SOUND EDUCATION SERVICE DISTRICT (PSESD) Head Start launched a Peer Health Education Program in the Seattle area. The Peer Educators are Head Start parents who are trained to teach other parents how to navigate health care systems and advocate for their families' health.

To become a Peer Health Educator, parents must complete a 12-hour training in which they learn how to partner with doctors and navigate through the managed care system. They learn how to use the *Healthwise Handbook*, a self-care manual describing over 180 different health care problems and their treatment. Advice about when to call a doctor is included. Many local organizations use the *Handbook* in their health education programs.

The Peer Health Education Program focuses on specific topics. Oral health and the prevention of tooth decay were emphasized last year; asthma education will be the next topic. Parents and health professionals serve on a Peer Health Advisory subcommittee that provides guidance and supports the program's efforts.

### The Teachback

THE PEER HEALTH EDUCATORS *teachback* to other Head Start parents what they have learned. The Educators are given a training "script" to follow but are encouraged to add their own personal touches. These teachback sessions take place at parent meetings, health fairs, and end-of-the-year celebrations. They vary from a one-hour group meeting to a shorter one-on-one



session. Each parent who attends a teachback receives a *Healthwise Handbook*, which is a contribution to the local Head Start programs.

Other teachback activities include—

- "Ask the Doctor Checklist." Parents learn how to use a tool to help them prepare for doctor visits. They are encouraged to write down their questions.
- *First aid kits*. Parents learn about home safety and make kits to keep on hand.
- *Health care record keeping*. Parents learn about how to keep

and store information from children's medical appointments over the years. This task is important when families move, and medical records are difficult to transfer.

Materials are available in Spanish. Teachbacks are conducted in different languages.

### Benefits of the Peer Health Educators Program

THE PROGRAM is a great success and continues to grow. During 2000-2001, 22 Peer Health Educators were trained; they offered nearly 50 teachbacks. They distributed over 700 *Healthwise Handbooks* to families. The Peer Educators note how the program has made a difference in their own lives:

- "Giving me more confidence in myself."
- "Decreasing my visits to the emergency room."
- "Showing me what I really love to do—teach others."

### The Future of the Program

THE PEER HEALTH Education program was funded by the Maternal & Child Health Bureau's Healthy Tomorrow program. The grant will end in 2002. However, the program has been well integrated with other Head Start health services so that training for the Peer Health

Educators will continue.

Programs do not need special funding to implement peer health activities. The PSESD Head Start staff offers these tips for starters—

- Involve parents, staff, and the Health Services Advisory Committee in planning and implementing peer health education.
- Teach parents to teach other par-

ents about health advocacy and navigating health systems. Specific information about diagnoses, treatment, and medication are best left to health professionals.

- Use Peer Health Educators to offer health information to families who have limited English proficiency.
- Peer health education is an effective

way to increase the knowledge and advocacy of Head Start parents around health matters. Why not consider beginning such an initiative in your program? ■

---

Shannon Blas *is the Peer Health Manager for the Puget Sound Educational Service District Head Start.*  
T: 206-439-6910 x4040;  
E: [sblas@psed.wednet.edu](mailto:sblas@psed.wednet.edu).

## IS THE WEB A RELIABLE SOURCE OF INFORMATION?

PICTURE THIS. You have just found out a family member or friend needs to have surgery. What would you do? In this age of technology, more than likely you would turn to the Internet to get more information. And you would not be alone. In fact, a recent Harris Interactive survey estimated that 97 million Americans used the Internet to look for health-related materials. Studies also show that consumers pay attention to what they find on the Internet—more than 70% say that online health information has influenced a health decision! But is the information reliable and accurate? Is it comprehensive and understandable? These questions prompted the California HealthCare Foundation to ask the RAND Corporation to design and conduct a large study to evaluate medical information on the Web.

The researchers accessed 14 search

engines and numerous medical Web sites in both English and Spanish. They focused on four medical conditions: breast cancer, childhood asthma, depression, and obesity. At each Web site, the researchers asked consumer-oriented questions. The main conclusions were—

- Search engines are not efficient tools for locating health information on a particular health topic.
- Consumers often find incomplete answers.
- Most Web-based health information is difficult for the average consumer to understand.

Although RAND found that the information is generally accurate, is searching for health information via the Internet really worth it for the average consumer? It is, as long as you keep these guidelines in mind—

- The Internet health area is

infinite. It is not easy to find all the information you seek on one Web site. Go to multiple sites.

- Know that sites will not provide all of the information you need. They can give you information about good questions to ask a doctor and may help you understand what a doctor says.
- Many sites have been created to sell products. This does not mean that the information is incorrect, but it may be incomplete or biased.

The final message is—be an informed consumer of health information on the Internet. ■

### REFERENCES

RAND Corporation. 2001. *Evaluation of English and Spanish Health Information on the Internet*. 29 August 2002  
<[www.rand.org/publications/documents/Interneteval/](http://www.rand.org/publications/documents/Interneteval/)>.



# PLAY AND STAY HEALTHY

## ALL IT TAKES IS 30 MINUTES A DAY

HEAD START STAFF AND PARENTS ARE BUSY PEOPLE. They are committed to caring for children and sometimes neglect their own health and well-being. They do not take time to eat well, relax, or get out to play. You notice that we said “play” and not exercise! That is because we want you to keep reading. We want to describe the benefits that adults can gain from being more active. We want to alert you to the community and personal barriers to your playing as well and as much as you want.

First the basic information: If you are an active person, the benefits are endless. Physical activity, especially in the form of PLAY, can—

- Reduce the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes;
- Help reduce blood pressure in some people with hypertension;
- Help maintain healthy bones, muscles, and joints;
- Reduce symptoms of anxiety and depression and fosters improvements in mood and feelings of well-being; and
- Help control weight, develop lean muscle, and reduce body fat (McGinnis & Foege 1993; U.S. Department of Health and Human Services 1996).

Most people know all of this. However, most people—in fact, more than 60% of American adults—do not get out and play for the recommended 30 minutes each day. Why? Perhaps it is because our society has made it so easy for us to be inactive. We are busy and cannot imagine get-

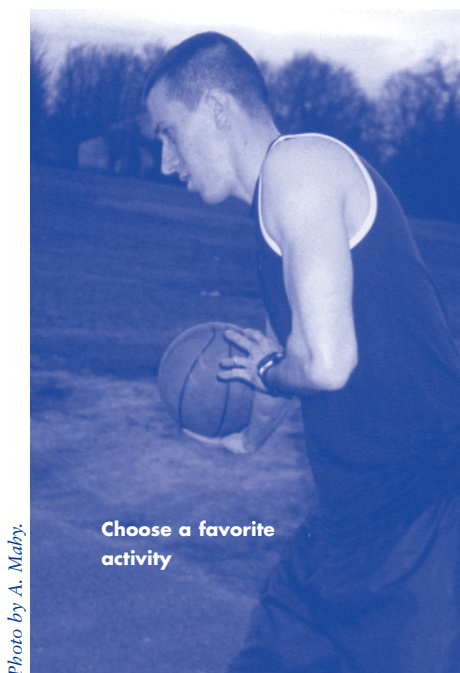


Photo by A. Mahby.

ting up 45 minutes earlier everyday to do something active. At the end of the day, we are too tired. Our children would rather use video games and watch TV than play tag. We find it easier to get in a car and drive everywhere than to walk. Sometimes it is tough to find a safe place to walk, run, or bike. However, things were not always this way, and they do not have to stay this way.

You will remember that in the past, a lot of people smoked cigarettes. As we learned more and more about the health risks of cigarette smoking, our society changed its attitude toward smoking. It became harder for people

to smoke in public. Thirty years ago, we would never have seen smokers outside of buildings puffing in the cold. We would not have been able to fly across country on a smoke-free airplane. How times change!

Although there are still smokers (and we will give them all possible support as they try to quit), the Centers for Disease Control and Prevention (CDC) has found that physical inactivity, in children and adults, is fast approaching epidemic proportions. CDC and the Surgeon General have sounded the alarm—there are serious consequences for being inactive. However, it is better to think of the benefits of activity, and to understand that each one of us can build a little bit of activity into our lives. Bit by bit, we can reach the recommended 30 minutes each day. The 30 minutes do not need to happen all at one time.

You can climb a few stairs, dance a few steps down the hallway, or get out in the garden to water plants. Take a walk with your toddler, move to music with your preschooler, or toss a ball with your older child. Choose to get around by any method other than the car, and you will add many minutes of physical activity to your day.

If you would like to begin a genuine program of PLAY, choose a playmate. Social support from family and friends is consistently and positively

*Continued on page 45*

# DO YOUR WORKOUT

## ANYTIME, ANYPLACE

Here are a few tips about how to build in workout time during a busy day.

### Build Strength

SHORT SESSIONS OF UPPER AND LOWER BODY EXERCISES can increase your stamina, build and tone your muscles, and prevent back problems. Take a few minutes each day to try these exercises.

Some can be done while you are seated at your desk. You will not even break into a sweat if you pause at the end of each contraction and hold the position for a few seconds. Where possible, try 10-15 repetitions on each side. And remember to breathe properly: Always exhale on exertion or when lifting a weight, and inhale as the weight is being lowered. If you are a beginner to exercise, please proceed with caution. Consult with your health care professional before beginning any exercise program.

- *Side lifts* – Stand with one hand on your waist. In your other hand, hold a book or other weighted object. Raise the weighted arm out to your side with elbow extended but not completely locked. Continue to lift the weighted arm to shoulder height, hold, lower. This move can also be done with both arms at the same time (bilaterally) or as described here (unilaterally).
- *Arm curls* – Stand with your arms at your side. Hold a book or other weighted object in one hand at your side. Bend the weighted arm at the elbow rais-

*It does not take much to build up your strength and flexibility. Set aside a few minutes a day to work out. You will end up feeling so good.*

ing your palm toward your chest. Hold, then lower. This can also be done bilaterally or unilaterally.

- *Desk pushups* – Stand with your hands on your desk, arms straight, shoulder-width apart. Keep your feet together, back straight, slowly bend your elbows, leaning toward the desk. Straighten up. Remember to keep your abdominal muscles contracted to prevent strain on your lower back. Repeat 10-15 times.
- *Palms press* – Press your palms together in front of your face. Slowly lift your elbows to chin level, hold, lower. Be cautious with this exercise if you have hypertension, and avoid it altogether if you have known coro-

nary artery disease. Repeat 10-15 times.

- *Wall squats* – Stand with your back against a wall. Lower yourself into a seated position and hold to the count of 20. Repeat 3 times. If you have knee problems, only bend about 60-75 degrees of flexion so as not to elicit pain.
- *Leg curls* – Hold onto a file cabinet, shelf, or wall for support and stand parallel to it. Bend one leg at the knee and slowly curl it behind you, keeping your upper legs together. Keep the knee of the opposite leg slightly bent, to work the quads and hamstrings, instead of placing unnecessary stress on your knee.
- *Writing the alphabet* – Sit and rotate one foot to “write” each letter of the alphabet. Repeat with other foot.
- *Foot lifts* – Sit and press down on the toes of one foot, lift up your heel. Hold, lower.

### Build Flexibility

THERE IS NOTHING like easy stretching to reduce body tension that comes from sitting in one place too long. Try 3-5 repetitions of each exercise several times throughout the day. Each stretch should be held 15-30 seconds. Before stretching, try taking a brief five-minute walk around the office to

stimulate increased blood flow. This will slightly increase your core body temperature and increase the effectiveness of your stretches. Remember to hold each stretch just to the point of mild discomfort. A stretch should not be painful. Avoid any ballistic (bouncing) type stretching.

- *Side to Side* – Look ahead, slowly turn your head to one side, hold, return to center, repeat on other side.
- *Neck stretches* – Slowly lower each ear to the corresponding shoulder, hold, return, repeat

on other side.

- *Shoulder rolls* – Rotate your shoulders forward. Reverse directions.
- *Shoulder circles* – Raise arms out to your sides. Rotate arms forward in small circles, increasing to large circles. Repeat, circling backward.
- *Stretching up* – Raise your hands over your head and reach for the ceiling. Let your head drop back and look at the ceiling. Keep your feet flat on the floor. Hold this position.

Lower your arms slowly, reach behind your back and clasp your hands. Stretch your arms behind you. ■

*These exercises are adapted from yoga, gym routines, and advice from medical practioners. Consultation was provided by Chris Brophy, Program Administrator for Research and Professional Development for the National Association for Sport and Physical Education. T: 703-476-3413; E: [cbrophy@aahperd.org](mailto:cbrophy@aahperd.org).*

### HERE ARE EXAMPLES OF POPULAR EXERCISES

Photos by D. Mentzer.



**Leg extensions**—Sit on a chair, feet on the floor. Extend one leg from the knee so that it is parallel to the floor. This contracts the quadriceps. Hold, then lower.



**Back Stretch**—Sit on the edge of a stable chair. Extend your legs out straight in front of you. Slowly bend forward from your waist, head toward your knees while reaching for your ankles. Hold. Slowly rise, lifting your shoulders first and keeping your head bent forward. This will also stretch your hamstrings.



**Calf Stretch**—Stand facing the wall. Place one leg forward and the other leg back. Bend the front leg, while keeping the back leg straight, and be sure to keep both heels flat on the floor. Lean forward, keeping your palms on the wall for balance. Switch leg positions and repeat.

## THE BUILDING BLOCKS OF HEALTHY EATING

**POP QUIZ.** Ask your friends to name five foods that they can not live without. What would they say? Maybe soft drinks, fast food burgers, and French fries are favorites. Or perhaps, chocolate, ice cream, or chips score big.

Believe it or not, despite the oodles of sugar, salt, or fat in all of those foods, they can still be included in a healthful diet—as long as they are eaten in moderation. Dietitians say that moderation is the key to making all foods a part of healthful eating. It means not having to give up certain foods, but instead setting limits on how much and how often you eat them.

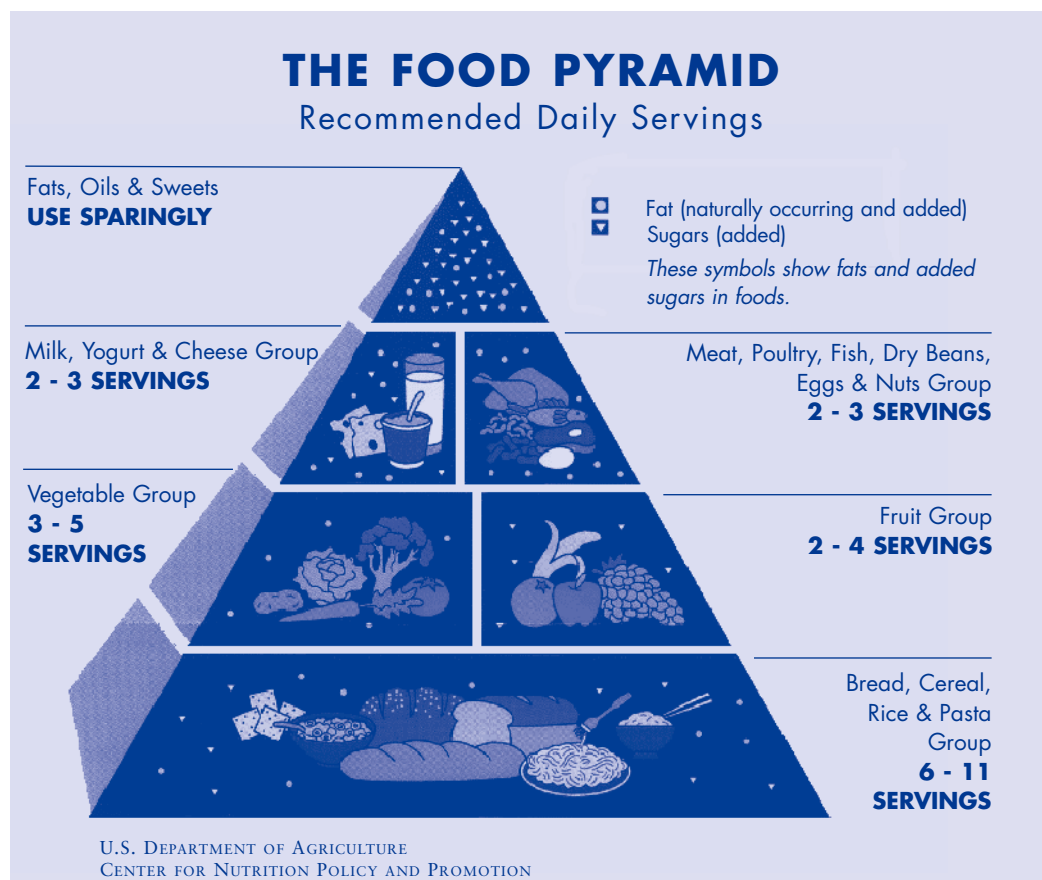
Healthy eating habits are not created or destroyed by one food alone. There really are no “good foods” or “bad foods.” But there are bad ways of eating foods—the bad way is eating too much or to excess.

Sometimes a bowl of your favorite premium ice cream or Aunt Mabel’s fried chicken and gravy is just too much to pass up. But remember, the key to healthy eating and weight control involves moderation and balance.

That means if you give in to temptation, and go a bit overboard with a “not so good for you” food now and then, balance out your diet over the next day or two. Simply choose from a variety of grains, fruits, and vegetables, and other lower fat choices from the base of the United States Department of Agriculture’s Food Guide Pyramid (Figure 1).

day is ideal.

Fruits and vegetables come next, emphasizing plant-based foods. Naturally high in fiber and disease-fighting substances called phytochemi-



**Figure 1**

Think of the Pyramid as a tool or visual guide to help you choose the kinds of food to eat every day for good nutrition. The five major food groups are pictured as blocks. To no one’s surprise, they are stacked pyramid style.

Food groups that should be eaten more often are bigger and found at the Pyramid’s base. Grains, breads, and cereals are found there and should form the bulk of our diet, especially whole grains. Six to eleven servings a

day is ideal. Fruits and vegetables (at least two servings) and vegetables (at least three servings) should be eaten each day.

Smaller blocks near the Pyramid’s top contain foods to be eaten in moderation. Fish, poultry, dried beans, nuts, lean meats, and eggs—as well as low-fat dairy products—are naturally higher in fat than food groups found lower on the Pyramid. That is why, although they are a part of a balanced eating plan, it is important to limit



portion sizes for this group.

Fats, sugars, and salts make up the pyramid's top. These are the ingredients of the foods that are often the most loved but the least healthy.

Youngsters and parents can encourage each other to make wise food

choices by playing the "Family Food and Fitness Challenge." Each day, score 1 point for each tier of the Pyramid represented at a meal and another point for a daily session of physical activity. At the end of the week, the family member with the most points wins! ■

Paula Mydlenski *is the Nutrition Specialist for the Region IV Head Start Quality Improvement Centers, T/TAS at Western Kentucky University.*  
T: 270-745-4041;  
E: paulawku@aol.com.

PERFECT PYRAMID RECIPE

To get you on the path of healthy Pyramid eating, why not whip up some Black Bean Chili With Oranges and Cornbread—count them—all tiers of the Food Pyramid in only one dish!

BLACK BEAN CHILI WITH ORANGES AND CORNBREAD

- 1 package cornbread mix
- 2 large onions, chopped
- 1 green bell pepper, chopped
- 1 red bell pepper, chopped
- 2 cloves of garlic, chopped
- 1 tablespoon vegetable oil
- ¼ cup water
- 3 (15 oz) cans of black beans, drained and rinsed well
- 1 cup chicken or vegetable broth
- ½ teaspoon dried oregano
- ¼ teaspoon chili powder
- ¼ teaspoon ground allspice
- dash hot pepper, or to taste
- 4 fresh oranges
- 1 cup nonfat sour cream

Bake cornbread in a 9x9 inch (square) pan, as directed on package. While cornbread is baking, make chili by combining onion, green and red bell peppers, garlic, oil and water in a large saucepan. Cook, stirring often, for 10 minutes, or until vegetables are soft.

Add beans, broth, oregano, chili powder, allspice, and hot pepper, if desired. Bring to a boil. Reduce heat, cover, and simmer for 10 minutes more. While chili is simmering, shred 2 teaspoons orange peel. Squeeze juice from enough oranges to make ½ cup. Set shredded peel and juice aside. Peel and remove all white membrane from remaining oranges, then slice fruit crosswise. Cover oranges and set aside. Uncover chili and bring back to a boil. Continue boiling for 15 to 20 minutes, until chili thickens. Stir in 1 teaspoon orange peel and add in all of the juice. Ladle chili into bowls. Top with orange slices and a dollop of sour cream. Garnish with one remaining teaspoon of orange peel. Serve cornbread slice on side of chili. Enjoy!

Makes 4 Servings: Per serving (with one 2-by-2 inch cornbread square): 490 calories; 10 grams fat, 0 mg cholesterol.

Prep. Time: Approximately 1 hour.

What Counts as 1 Serving?

GRAIN GROUP

- 1 slice of bread
- ½ cup of cooked rice or pasta
- ½ cup of cooked cereal

VEGETABLE GROUP

- ½ cup of chopped raw or cooked vegetables
- 1 cup of raw leafy vegetables

FRUIT GROUP

- 1 piece of fruit or melon wedge
- ¾ cup of juice
- ½ cup of canned fruit

MILK GROUP

- 1 cup of milk or yogurt
- 2 ounces of cheese

MEAT GROUP

- 2 to 3 ounces of cooked lean meat, poultry, or fish.
- ½ cup of cooked dry beans
- 1 egg counts as 1 ounce of lean meat.

FATS AND SWEETS

Limit servings from these.

## A LITTLE SOMETHING FOR HEALTHY SNACKING

TRY THESE RECIPES FOR YOUR NEXT STAFF GET-TOGETHER OR PARENT MEETING

### Curried Veggie Dip

8 oz. carton plain, low fat yogurt  
¼ cup shredded carrots  
2 teaspoons minced green onions  
1 tablespoon low fat mayonnaise-type salad dressing  
¼ teaspoon curry powder  
dash pepper (to taste)

1. Mix all ingredients in a bowl.
2. Chill.
3. Serve with crisp, raw vegetable pieces, such as summer squash sticks, celery, carrot, and cucumber.

Makes: 1 cup; 15 calories and 1 gram of fat per tablespoon.

Prep. time: 15 minutes

Chill time: 30 minutes

Total time: 45 minutes

### Tempting Tortilla Chips

Non stick cooking spray  
2 tablespoons oil (optional)  
1 package of flour or corn tortillas  
1 cookie sheet baking pan

1. Preheat your oven to 350 degrees F.
2. Stack the tortillas into one pile, and using a sharp knife, cut the pile in half, then into quarters, then cut the quarters in half again (this will make the triangle shapes).
3. Spray cookie sheet with non stick spray or coat with the oil.
4. Separate tortilla pieces, and arrange them on the cookie sheet. Toast in the oven until the chips are crisp and beginning to brown (approximately 10 minutes).

Makes approximately 80 chips from 10 tortillas, and approximately 98 calories per 10 chips.

### Black Bean and Cilantro Spread

1 15- or 16-ounce can of black beans, rinsed and drained  
2 teaspoons fresh lime juice  
1 teaspoon olive oil  
¼ to ½ teaspoon hot pepper sauce  
¼ cups of fresh cilantro (coriander) leaves  
2 tablespoons of finely diced red onion

1. Puree the beans, lime juice, oil, and pepper sauce in a food processor or blender, scraping down the sides once or twice.
2. Add the cilantro. Process just until the leaves are coarsely chopped and well mixed. Stir in the red onion.
3. Serve at room temperature (if chilled, the mixture will be difficult to spread).
4. Use as a dip for whole wheat crackers, carrot or other fresh vegetable sticks, baked tortilla chips, rice cakes, or pita chips.

Makes 1 ¼ cups (10 servings). Per serving: 44 calories; 1 gram of fat; 0 mg cholesterol.

### Cheesy Carrot Spread

½ cup grated raw carrots  
½ cup grated low fat cheddar cheese  
Low fat or fat-free mayonnaise to taste  
Pepper to taste  
Lemon juice to taste  
Salt (optional) to taste

1. In a food processor or by hand, grate cheese and carrots.
2. Add enough fat free or low fat mayonnaise to moisten.
3. Season with pepper, lemon juice, and salt, if desired.
4. Spread on tempting tortillas (above), whole wheat crackers, or bread.

Makes 1 cup (approximately 8 servings); 98 calories per serving.

Prep time: approximately 5 minutes if a food processor is used; 10 minutes if using a hand grater.

# LABEL LINGO

## WHAT DOES IT MEAN?

MORE AND MORE PEOPLE ARE CONCERNED about what they are eating. If you are one of them, you probably want to know what is REALLY in your food—and what has been added, such as fat, chemicals, salt, and sugar. Food labels can help you!

Wrapped around almost every packaged food, you will find a wealth of nutrition information. Today's food labels display up to four different types of health and nutrition information, all designed to help you decide which foods fit best into your overall eating style and nutritional goals.

### Nutrition Descriptions

FROM “LEAN,” “low fat,” and “light,” to “reduced calorie” or “high calcium,” these *nutrition descriptions* are truthful, because they are now strictly regulated. Usually found on the front of food labels, they can be seen for quick comparisons of products (see “Nutrition Descriptions” on page 33).

### Health Claims

FOUND FREQUENTLY on the front of food packages, *health claims* are optional. They truthfully state a food's nutritional qualities may help reduce the risk of a specific long-term disease, such as osteoporosis, cancer, or heart disease. For example, “This is a high calcium food, and calcium has been shown to lower the risk of osteoporosis.”

### Nutrition Facts

USUALLY LOCATED ON THE SIDE or back of a food package, the *nutrition facts* panel offers much more detailed

### Nutrition Facts

Serving Size 1/9 pkg. (25g/about 3 TBSP) \*  
Servings Per Container 9

Amount Per Serving		
	Mix	Baked**
<b>Calories</b>	90	110
Calories from Fat	15	30
% Daily Value ***		
<b>Total Fat</b> 1.5g*	2%	5%
Saturated Fat .5g	2%	6%
<b>Cholesterol</b> 0mg	0%	9%
<b>Sodium</b> 350mg	15%	15%
<b>Total Carbohydrates</b> 17g	6%	6%
Dietary Fiber 1g	4%	4%
Sugars 2g		
<b>Protein</b> 2g		

Example of a food label.

nutrition information than the nutrition description or a health claim. The nutrition facts panel provides information about the specific nutrient and caloric content of one serving. The nutrition facts panel includes serving size, calories, percent daily nutritional value, and specific amounts of nutrients that relate to today's most important health issues (fat, saturated fat, cholesterol, fiber, Vitamins A and C, calcium, and iron).

### Ingredient List

IF A FOOD CONTAINS more than one ingredient, the label must include an *ingredient list*. Like a recipe, the ingre-

dient list tells you what is in the package. By law, food manufacturers must list all ingredients in descending order of weight. This means that the food ingredient in the largest amount must be listed first. The food ingredient present in the least amount is listed last.

Take chicken soup. If the first ingredient listed is water, then the soup contains more water by weight, than anything else. The ingredient list is especially useful for persons with allergies to specific ingredients or with dietary restrictions.

In addition, check out the product's *weight*. Sometimes packaging can fool the eye. When you want to compare size, look at the weight of the product.

And last, but not least, check out the manufacturer's name and address. This information is useful if you would like additional information regarding the food, or if you would like to contact them with product complaints.

Whether it is cutting calories, boosting fiber, lowering dietary fat, or making a myriad of other, more nutritious personal food choices, food labels can help. Read the food label...eat healthy at the table! ■

---

Paula Mydlenski is the *Nutrition Specialist for the Region IV Head Start Quality Improvement Centers, T/TAS at Western Kentucky University. T: 270-745-4041; E: paulawku@aol.com.*

## NUTRITION DESCRIPTIONS

### What do they mean?

<b>Free</b>	An amount so small that it probably will not affect your body; for example, "calorie free," "fat free," or "sodium free." Other terms: no, zero, without, trivial source of, and negligible source of...
<b>Low</b>	An amount specifically defined for each term, such as "low calorie," "low fat," or "low cholesterol." Other terms: few, contains a small amount of, low source of, low in, little, a little...
<b>Reduced</b>	An amount used to describe a food with at least 25 percent fewer calories, fat, saturated fat, cholesterol, or sodium than a comparable food. Look for information about the food it is being compared to. Other terms: reduced in, ___ percent reduced, fewer, lower, lower in, less...
<b>High</b>	An amount 20 percent or more of the <b>Daily Value*</b> for a nutrient, for example, "high in vitamin C" or "high calcium." Other terms: excellent source of, rich in...
<b>More</b>	An amount that is 10 percent or more of the <b>Daily Value*</b> , for example, "more fiber" or "more iron." Not found on meat or poultry products. Other terms: enriched, fortified, added...
<b>Light</b>	A food with one-third fewer calories or 50 percent less fat than the traditional version. A "low-calorie" or "low-fat" food with 50 percent less sodium might also be called "light." Other terms: lite...
<b>Healthy</b>	A food low in fat and saturated fat, 480 milligrams or less sodium per serving, and at least 10 percent <b>Daily Value*</b> of vitamin A, vitamin C, calcium, iron, protein, and fiber.

## EASY STEPS TO FEELING FINE

by Paula Mydlenski

Want to look and feel fine? Who doesn't?

Here are some simple steps to help you achieve your goal:

1. Avoid becoming obsessed with your weight. We all know that weight control is important for well-being and health. Still, remember that your worth cannot be measured on a bathroom scale!
2. Always shop with a grocery list and do not deviate from it. That way, you will not be tempted to buy high-calorie junk food.
3. Guard against a monotonous diet. It is easier to stay on a fitness or weight-control program if it is filled with an assortment of food.
4. Eat fresh fruits and vegetables daily. Loaded with fiber, vitamins, and minerals, these foods fill you up and help prevent overeating.
5. Eat fish several times a week. It is low in calories. Research is showing that some fish oils are good for the heart.
6. Limit fatty, fried foods as much as possible. Fats have twice as many calories as protein and carbohydrate foods. By now, we all know that they clog up our arteries too.
7. Eat slowly. Concentrate on the taste and texture of food.
8. Drink lots of water and very little alcohol. It is best to drink six to eight glasses of water per day. On the other hand, alcohol has no nutrient value and many calories.
9. Exercise daily. Do something you enjoy—like walking, dancing, swimming, or playing ball. It will put you in a more positive frame of mind too.
10. Laugh often and smile a lot. At an American Heart Association's meeting, University of Maryland researchers reported that healthy people are more likely to laugh often and use humor to get out of uncomfortable situations. It is good for your heart.
11. Finally, be your own "stress-buster." When the tensions and anxieties of daily life get to you, take three very deep breaths. Next, put things into perspective by asking yourself, "Will this really matter one year from today?" In most cases, the answer is that it will not even matter one week from today.

**Paula Mydlenski** is the Nutrition Specialist for the Region IV Head Start Quality Improvement Centers, T/TAS at Western Kentucky University. T: 270-745-4041; E: paulawku@aol.com.



# A MOTHER'S SUCCESS STORY

## EARLY HEAD START PROVIDES SUPPORT

YOUNG MICHAEL DOWNEY will grow up knowing that he is important. Important enough that his mother, Patricia Zecchilli, found the strength and motivation to overcome a ten-year cocaine addiction and begin taking better care of them both. Important enough that Patricia learned how to ask for, and accept, help from agencies in her community—including Somerville Early Head Start (EHS). Important enough that Patricia strives daily to ensure that both she and Michael will have a better future than she once believed possible.

Patricia had already lost one pregnancy to her cocaine addiction when she became pregnant with Michael. Fearful of losing a second baby, but still in the grips of her addiction, she was referred to the EHS and began receiving home visits. The doctor providing her prenatal care had been performing regular drug screens. Unable to deter her drug use, he reported her case to the Department of Social Services (DSS). Finally, facing the choice between entering a residential drug treatment program or losing custody of her soon-to-be born child, Patricia began to see that she needed to deal with her addiction.

Raised by her grandmother, Patricia knew the pain of growing up wondering where her mother—an alcoholic unable to raise any of her nine children—was, what had happened to her, and why she could not take care of or be with her children. Patricia became determined not to allow her own child to experience those same feelings of rejection and loss. In her seventh month of preg-



*Photo courtesy of Somerville Early Head Start.*

Michael and his mother are happy and healthy

nancy, Patricia found the strength to stop using drugs.

Michael was born at seven-and-a-half months, weighing just three pounds and six ounces. As a newborn he evidenced the respiratory, muscular, and sensory problems typically caused by prenatal drug abuse, in addition to the challenges associated with premature birth. While Michael remained in the neonatal intensive care unit, Patricia entered a treatment program. She visited him daily until his weight reached five pounds. Then he was transferred to her care at the drug treatment facility. Patricia was making

good progress in her recovery. Yet, she was concerned that her schedule kept her separated from Michael for too much of the day and was interfering with their bonding. She asked her case manager to move her into an outpatient treatment program so that she and Michael could go home.

When her request was granted, Patricia and Michael moved back into the community where she had previously been enrolled in EHS. The program staff had maintained contact with Patricia during her inpatient treatment, calling frequently to see how she was doing and to offer their support. As a result, Patricia felt respected and cared about. She was eager to return to the program, recognizing that both she and Michael were going to need a lot of help—help that EHS could provide.

EHS and the Early Intervention program (funded by the state of Massachusetts) began intensive work with Michael and Patricia to overcome the developmental challenges resulting from his early exposure to cocaine. Patricia also set to work on her own plan of action, assisted by her DSS case manager and her EHS home visitor. Cynthia Vivian, a family support worker with EHS, worked with Patricia to develop a Family Partnership Agreement designed to assist her in reaching self-sufficiency, self-care, and developmental goals.

Cynthia helped educate Patricia

about the variety of resources available in the community and how to access those resources. With Cynthia's support, Patricia was able to complete the paperwork and keep appointments which led to energy assistance, furniture donations, a Section 8 housing voucher, and even Christmas presents for Michael. Patricia found it difficult to believe that help was there for the asking. She found it even more difficult to ask in the first place. After a lifetime of keeping her fears and feelings inside and not wanting anyone to feel sorry for her, Patricia discovered that taking action to care for herself and Michael increased her confidence and self-respect. "I had no self-esteem," Patricia says, "but now I love myself and I love Michael. I thank God every single day for letting me have my son. And I deserve a lot of the credit too."

As a result of therapies implemented via the Early Intervention program and individualized home visit activities via EHS, Michael's development has progressed to the point where there are few remaining traces of his initial delays. A child care voucher facilitated by DSS made it possible for Michael to attend a center-based child care program in the community and required Patricia to seek employment. It had been ten years since she last held a job. Initially the search was both scary and frustrating. During her job search, Patricia began

volunteering at Michael's child care center. It was not long before the center director noticed her skill and comfort with the children and asked Patricia to consider working in the center.

Patricia was surprised by the offer, but excited and definitely interested in the job. She now works as a teaching assistant in the center's infant room and is beginning her Child Development Associate training. Patricia says the job helps keep her motivated to maintain her sobriety and to continue taking care of her health. "It gives me a sense of responsibility and somewhere to go. I work my eight hours, and at the end of the day I feel excellent." Since beginning work, Patricia has been paying off financial debts accrued during her years of drug use. She has begun thinking about goals for the future. Her employer will reimburse her educational expenses, which means she will soon be able to start saving money for Michael's education instead. "I want him to have a good life and to be comfortable, and I want to give him all the love I can give him."

In meeting her own physical and mental health needs, Patricia has also learned a lot about how to support Michael's well-being. "You have to take care of yourself in order to have strength and be able to take care of your child. Michael senses and reacts to my feelings. If a parent is upset or

tense, a child feels the vibes and gets worked up too. It affects their appetite, their sleep, everything. You'd be amazed what they can sense."

Patricia admits that despite her tremendous progress, it has not always been easy. When she first returned home from inpatient treatment, everyday items in her surroundings often triggered her desire to numb her emotions with drugs. But she says that having Michael to care for gave her the will to change. According to Patricia, each day of change is another step on the road to recovery. "Each day I wake up in the morning, and I'm stronger than the last day."

Michael continues to grow stronger as well. His therapy continues in order to support his fine motor development, but his respiratory and sensory problems have been eliminated. He is a joyful, friendly, and energetic toddler, and his mother dotes on him. Says Patricia, "When he was born and I saw him, my love for him was incredible. No drug in the world could take priority over him." ■

---

Larissa Zoot is an Early Head Start Program Specialist for ACF Region I. T: 617-565-1153; E: [lzoot@acf.bhs.gov](mailto:lzoot@acf.bhs.gov).

*This story is written with special thanks to Patricia Zecchilli for sharing her story, and to JoAnn Thrasher, Patricia Elliott, and Cynthia Vivian at Somerville Early Head Start.*

# FAMILY SUPPORT ACTIVITIES CONTRIBUTE TO THE HEALTH OF FAMILIES OF CHILDREN WITH DISABILITIES

IS THERE A ROLE FOR HEAD START DISABILITIES SERVICES in promoting adult health and wellness? The answer is a resounding YES. Although the disabilities services usually target children, they can also support adults' well-being. In coordination with a Head Start program's health promotion and prevention efforts, disabilities services activities may focus on maternal health before, during, and after pregnancy as a way to reduce the incidence of childhood disability. Disabilities services can promote parent education, community partnerships, and advocacy activities, including the reduction of developmental risks from exposure to environmental toxins such as lead poisoning and the harmful effects of alcohol, smoking, and drugs. Working with parents and community partners to address these concerns should be part of a comprehensive health education effort in every Head Start program.

But there is more that falls under the umbrella of disabilities services. A core Head Start activity is broadly described as "family support." It can make a steady and strong contribution to the wellness of families of children with disabilities. This effort has been a part of the Head Start model from the beginning and is reflected throughout the *Head Start Program Performance Standards* (see page 38). While family support activities contribute to the development of children in all the families Head Start serves, research suggests that families of children with disabilities may benefit even more.

Why is this? Parents of children with disabilities are more likely to

have experiences that can put their own health and wellness at risk. These experiences include increased isolation, marital conflict, financial hardships, time and energy demands, and a persistent feeling that they are being ineffective in meeting their child's needs. Family support activities are often critical to the family's well-being and the parents' capacity to parent.

My first lesson on Head Start's contribution to supporting families of children with disabilities came several years ago. I was a psychologist in a program serving children with developmental disabilities. I often had the responsibility of presenting the assess-

ment findings of the interdisciplinary team and its recommendations at Individualized Education Program (IEP) meetings in the schools. One such meeting was scheduled for Maria, a five-year-old girl with multiple disabilities who would be entering kindergarten that fall. A few weeks before that meeting, I had met Maria, her parents, and a coordinator from the Head Start program she attended. They had traveled almost 100 miles from home to our university-based center for multiple evaluations, including neurological and orthopedic exams recommended by her pediatrician and developmental assessments requested by the local school system. The results would help in planning the most appropriate services for Maria's kindergarten year.

The afternoon of the IEP meeting, I arrived to find Maria's parents and the Head Start disabilities services coordinator seated together on a bench outside the local elementary school. They had arranged to meet early to prepare for the meeting. The Head Start program had arranged child care that afternoon for Maria and her younger brother so that both parents could attend. As the meeting began, I soon recognized that these parents were unusually well-prepared and confident in their roles as advocates for their daughter. The Head Start coordinator offered support and suggestions, but she followed the



Photo courtesy of Head Start Bureau.

Family support activities benefit both parents and children

parents' lead. The school staff and Head Start coordinator shared reassuring stories of children with disabilities (and their parents) who had made successful transitions from Head Start to kindergarten. I was pleased to learn that the kindergarten teacher knew Maria and her parents from her visit to the Head Start classroom; she made specific suggestions based on those observations and discussions with the Head Start teachers. It was clear that Maria's transition was on a sound foundation and that her parents' involvement in her new school would be substantial. After the meeting, the Head Start coordinator congratulated the parents on their performance and jokingly warned them that she would be calling for their help in supporting other Head Start parents of children with disabilities.

Looking back, I now know that this Head Start coordinator's wonderful support of Maria's family was a required feature of the Head Start model of parent involvement. I also understand that the parents' "performance" in that IEP meeting was the product of months of communication between them and the Head Start staff. It was grounded in a relationship of trust and mutual respect. And, I realize that the partnership between the Head Start program and the school system, built over several

*Continued on page 45*

## Training and Information Centers and Community Groups

The Beach Center at the University of Kansas ([www.beachcenter.org](http://www.beachcenter.org)) conducts research and collects information on best practices for supporting families caring for a family member with a disability. A primary focus is identifying what families report as being helpful for their child and for themselves. Its message to service providers is: While you may see your role as delivering a service, the family measures your contribution on their own scale, based on their needs and dreams for their child and family. Many of the lessons learned by the Beach Center and other researchers are being implemented in a national network of parent training, information, and support centers.

Parent centers in each state provide training and information to parents of children with disabilities from birth to 21 years of age. This assistance helps parents participate more effectively with professionals in meeting their children's educational needs. To reach the parent center in your state, visit the Web site of the Technical Assistance Alliance for Parent Centers at [www.taalliance.org](http://www.taalliance.org) or call 1-800-537-2237.

### Services that Parent Centers provide include: \*\*

#### Information:

- ✓ Helping parents find available and appropriate services
- ✓ Helping parents understand their legal rights and responsibilities

#### Support:

- ✓ Finding another parent to talk with and learn from
- ✓ Finding a parent to attend school conferences with you
- ✓ Meeting other parents with similar concerns

#### Training:

- ✓ Developing self-advocacy skills
- ✓ Improving communication with teachers and administrators
- ✓ Preparing for IEP meetings

### Parent-to-Parent programs (over 600 nationwide):

- ✓ Finding trained parents to volunteer for a one-to-one relationship with a parent seeking support

*\*\*Many of these activities correspond to requirements in the Head Start Performance Standards listed on page 38.*



## Selected Head Start Program Performance Standards: Support for Families

**1304.20(f)(2)(i)** Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP)

**1304.20(f)(2)(ii)** ...support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

**1304.20(f)(2)(iii)** ...support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities;

**1304.40(a)(1)** Family goal setting: ... engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports.

**1304.40(a)(2)** ...offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables, and strategies for achieving these goals as well as progress in achieving them.

### **1308.21(a)**

**(1)** Support parents of children with disabilities entering from infant/toddler programs.

**(2)** Provide information to parents on how to foster the development of their child with disabilities.

**(3)** Provide opportunities for parents to observe large group, small group and individual activities described in their child's IEP.

**(4)** Provide follow-up assistance and activities to reinforce program activities at home.

**(5)** Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.

**(6)** Inform parents of their rights under IDEA.

**(7)** Inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

**(8)** Identify needs (caused by the disability) of siblings and other family members.

**(9)** Provide information in order to prevent disabilities among younger siblings.

**(10)** Build parent confidence, skill and knowledge in accessing resources and advocating to meet the special needs of their children.

**1308.21(b)** ...assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.

### **Identifying Disability Prevention and Support Resources**

**The March of Dimes has a comprehensive Web site on the prevention of early childhood disabilities—MAMA, the online guide to a healthy pregnancy [mama.modimes.org](http://mama.modimes.org). This site combines expert advice in an easy-to-read format with lively graphics and a humorous style (e.g., sorting out myth from the evidence in a section entitled, "What the old wives say!"). A Spanish language version of the March of Dimes Web site is available at [www.nacersano.org](http://www.nacersano.org).**

**For local resources and approaches to working with families, consult with your Head Start program's Health Services Advisory Committee. And remember the training and technical assistance resources available through the Head Start health and disabilities services specialists at your Quality Improvement Centers (QICs and QIC-DSs).**

# THE BEST FOR YOUR EMPLOYEES

## WHAT AN EAP CAN DO

THE PURPOSE OF AN EMPLOYEE ASSISTANCE PROGRAM (EAP) is to promote wellness in the workplace. For Head Start, this is especially important because of the value we place on comprehensive support and care. By supporting the well-being of employees and their families, Head Start supports the well-being of the children and families in the program.

Employee assistance programs can offer a variety of services to address employees' personal concerns, ranging from assistance with legal matters to referrals for health care. One Head Start Director approached her EAP when she went through a family crisis. Employee assistance professionals not only helped her understand the legal and financial issues she had to deal with, but also provided short-term family counseling. EAPs can offer written materials, guest speakers, and workshops to employees and their families on topics such as health promotion, conflict management, and parenting. Some EAPs provide a 24-hour hotline for employee emergencies. A Head Start program with employees who have mostly school-age children might have its EAP run a homework hotline.

An employee assistance program is also a resource for managers. It can provide training for supervisors to help them identify personal and health concerns among employees and make referrals to EAP services when needed. The goal is to help supervisors resolve sensitive workplace problems in a positive and caring way. As a result, morale and job performance improve and staff turnover diminishes.

*Head Start recognizes that Employee Assistance Programs are important partners in creating a positive work environment and in improving job performance.*

An EAP can also work to prevent or help with health and mental health issues that manifest in the workplace, such as substance abuse and stress. EAPs can help create a positive work environment.

Grantees typically operate Head Start employee assistance programs. According to Jan Cox, Health Resources Manager for Region VI-A HSQIC, many Head Start EAPs offer "resource and referral and support services." They contract with local service providers, such as community mental health agencies, to provide direct services. A contact within the Head Start grantee agency usually makes the initial referral and provides necessary support and follow-up to the employee.

The particular design of an employee assistance program can vary greatly from program to program. One Native American Head Start program used the tribe's EAP, which offered cul-

turally relevant services. Sometimes clients were referred to a sweat lodge as a treatment option. Staff who used the tribe's EAP were usually referred

by the director or mental health consultant on staff, but occasionally they approached the EAP on their own. Because so many factors are critical in selecting an EAP, *The Resource Guide on Head Start Employee*

*Assistance Programs*, developed by the Department of Health and Human Services (DHHS 2001), recommends using an outside, professional consultant for assistance.

Employee assistance programs are considered an employee benefit, with employees paying a share of the cost. Head Start staff members are given an orientation to the EAP so that they know what services are available and how to access them. Some programs offer their staff a designated number of one-on-one sessions for use throughout the year. Employee contacts with EAP professionals are confidential, and successful programs in Head Start ensure this.

Employee assistance programs are recognized by Head Start as "an important partner in the creation of a mentally healthy workplace" and as a positive way to improve job performance (DHHS 2001). Speaking for

*Continued on page 45*

# ✓ ADDRESSING PESTICIDE EXPOSURE IN THE MSHS COMMUNITY

*WHEN THE SUN RISES from behind the coastal range, crews of thirty assemble at the edges of huge fields and start picking strawberries, slowly making their way down the long furrows, hundreds of men and women bent over at the waist, grabbing fruit with both hands. In the early morning light it looks like a scene out of the distant past, the last remnant of a vanishing way of life—and yet nothing could be further from the truth.*

—Eric Schlosser, *In the Strawberry Fields*

## Concern About the Pesticides

THERE ARE AN ESTIMATED 4.2 million migrant and seasonal farmworkers and their families who live and work in the United States (Arcury 1998). They are among the most disadvantaged and medically indigent in the country. They have the poorest health and lowest life expectancy of any group in the United States. Multiple factors undermine their quality of life, but of particular concern to migrant and seasonal Head Start families is their exposure to agricultural chemicals.

They worry that this exposure may be responsible for a variety of health problems ranging from minor illnesses to permanent disabilities, chronic illnesses, and even death. Contact with pesticides in the fields during pregnancy has been linked to the delivery of a premature child with a disability or compromised immune system. Understandably, many migrant and seasonal farm workers have questions: “Is it safe for me to breastfeed when I am working? Is it more dangerous for me to be working in the fields early on or later in preg-



Photo courtesy of Oregon Child Development Coalition.

Signs in agricultural fields warn workers and their families about pesticide usage

nancy? Should I take off my shoes before I walk in my house? Am I having trouble with my eyes because I’ve been picking fruit trees that have been sprayed?”

Many farm workers share the sentiment of this mother:

*Yet another woman here, whose baby was born prematurely, told me that throughout her pregnancy, men dressed in protective suits were unloading and applying chemicals next door to her house at the nursery. She said to me, “If the chemicals aren’t dangerous, why are they wearing those suits? And if they are, why aren’t they coming to warn me how to*

*protect my babies?” (Muir 1998)*

Try as we might to connect the farmworkers’ experiences with medical knowledge, there are no clear-cut answers to pesticide exposure. No one in the health and research community is able to say with certainty that agricultural chemicals are or are not the cause of some health problems that affect the migrant and seasonal farmworkers community. Furthermore, it has been difficult for many Migrant and Seasonal Head Start programs to develop pesticide prevention or intervention strategies that are culturally and linguistically appropriate.

## Finding the Answers

IN AN EFFORT TO ADDRESS the concerns of the farmworker community, the Oregon Child Development Coalition (OCDC) Migrant and Seasonal Head Start program has engaged in “community based participatory research” with the Oregon Health Sciences University Center for Research on Occupational and Environmental Toxicology (CROET).

What is exciting about participatory research? It is structured to shift decision-making and decision-taking increasingly into the hands of the participants—in this case, the farmworker community. The research process is meant to be a medium for community empowerment.

The project is lead by an advisory board with representatives from the

farmworker community, Migrant and Seasonal Head Start programs, the agricultural community, academic institutions, and local family service organizations. The migrant and seasonal farmworker community has collaborated in the process from the initial design of the project to its ongoing evaluation.

The objectives of the study are to—

1. Establish the relationship between the levels of pesticides in homes and these factors: the crops household members work in; the common pesticides used; the proximity of housing to fields; and household characteristics, including ventilation, size and traffic patterns.
2. Evaluate pesticide overexposure of workers and their children by measuring associated biomarkers and neurobehavioral markers.
3. Increase the effectiveness of Migrant and Seasonal Head Start programs in promoting behaviors that avoid pesticide exposure in the home and work environment of farmworkers and their children.

### What Is Known

SURVEYS WERE CONDUCTED of pesticide use and protective practices in the fields. Results indicated that less than one fifth of the farmworkers wore

protective clothing and equipment for their jobs (McCauley et al 2001). Most entered their homes with their work clothes on. In fact, the study revealed that workers have many mis-

*Migrant and Seasonal Head Start programs can play a critical role in educating the migrant population about their health and safety.*

conceptions about proper protective gear. Some workers believe that ineffective devices such as bandannas will protect them against pesticide exposure. Dust samples were taken in homes and in open areas where migrant children play. High levels of pesticides were found in both settings.

Continuing research is needed to document the effects of pesticide exposure on farmworkers and their families. Migrant and Seasonal Head Start programs can play a critical role in educating this population about their health and safety and in advocating on their behalf. ■

### REFERENCES

Arcury, T., & S. Quandt. 1998. Chronic agricultural chemical

exposure among migrant and seasonal farmworkers. *Society and Natural Resources* 11: 829-843.

McCauley, L.A., M.R. Lasarev, G. Higgins, J. Rothlein, J. Muniz, C. Ebbert, & J. Phillips. 2001. Work characteristics and pesticide exposure among migrant agricultural families: A community-based research approach. *Environmental Health Perspectives* 109 (5): 533-538.

Muir, M. 1998. Migrant malaise. *Oregon Health, A Magazine of Possibilities, Accomplishments, People and Ideas* 1 (1): 22-25.

Schlosser, E. 1995. In the strawberry fields. *The Atlantic Monthly* November: 276. Also available at <[www.theatlantic.com/issues/95nov/strawber.htm](http://www.theatlantic.com/issues/95nov/strawber.htm)>.

---

Marco Beltran is a Program Specialist for the Migrant and Seasonal Head Start Quality Improvement Center, Academy for Educational Development, Region XII. T: 202-884-8958; E: [mbeltran@aed.org](mailto:mbeltran@aed.org).

*For more information regarding the research project or for copies of the Spanish language pesticides safety video “Un Lugar Seguro para sus Niños” (A Safe Place for Your Children), contact Rachelle Mann-Gaytan or Jacki Phillips, T: 503-570-1110 at the Oregon Child Development Coalition.*



# A USEFUL GUIDE TO HEALTH IN THE HEAD START WORKPLACE

Are you interested in increasing health awareness of your Head Start staff, maybe even for yourself? Then one good place to go for information is the guide, *Enhancing Health in the Head Start Workplace*. This guide is one in the series, *Training Guides for the Head Start Learning Community*. It is full of information on employee health and suggestions for “promoting both individual health and organizational health.”

Employee health is critical if individuals are to do their jobs well. This guide is designed to help programs develop ways to encourage employees to improve their own health. The four main goals of this guide are to:

- Identify the ways in which employee health affects the organization’s effectiveness.
- Design training programs that encourage employees to improve their own health.
- Understand how the organization contributes to the overall health of its employees.
- Implement policies that allow employees to enjoy the best health possible.

The target audience for the guide includes, “Head Start directors, managers, and members of the grantee and/or delegate board, Policy Council, and Health Services Advisory

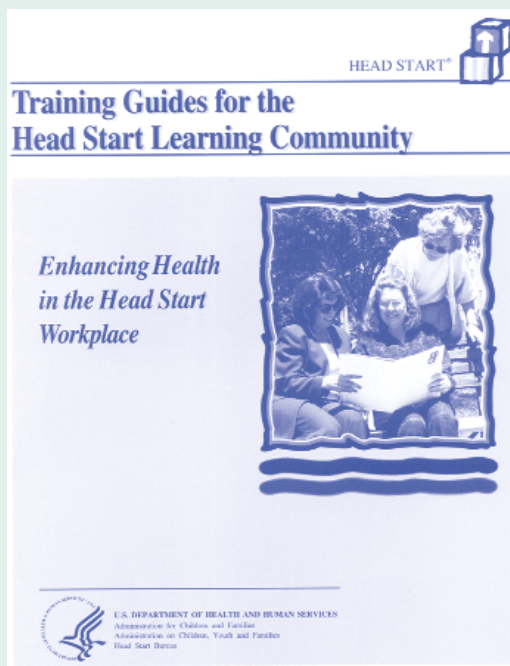
Committee.” *The Head Start Program Performance Standards* require that staff be instructed on principles of preventive health and safety. *Enhancing Health in the Head Start Workplace* will help Head Start programs put the Performance Standards into action. When employee health is being actively promoted, staff will be better able to educate Head Start children and parents about constructive health behaviors.

Five training modules are presented in this guide. They “focus on building managers’ skills in

applying the broad principles to the topics most relevant to their own program.” The modules are—

- Why Care About Health in the Workplace?
- What Does Wellness Mean for Our Staff Members?
- Making Changes in Behavior for Better Health
- Creating a Healthy Organizational Climate
- Weight and Wellness—A Classic Worksite Issue

*Enhancing Health in the Head Start Workplace* and other training guides can be ordered online from the Head Start Information and Publications Center (HSIPC) Web site at [www.headstartinfo.org/index.htm](http://www.headstartinfo.org/index.htm) or call toll free: 1-866-753-6481.



## RESOURCES

### BOOKS IN PRINT

THE WELLNESS BOOK: THE COMPREHENSIVE GUIDE TO MAINTAINING HEALTH AND TREATING STRESS-RELATED ILLNESS.

**Herbert Benson & E. M. Stuart.**  
**1993. NY: Fireside Press.**

This guide provides basic information on how to combine personal behaviors and scientific health care to enhance health and wellness. Written in a self-help format to help the reader make behavioral changes, topics include the mind/body connection, aging, exercise, nutrition, and stress management.

THE NEW WELLNESS ENCYCLOPEDIA.

**Editors of the Wellness Letter, U.C. Berkeley. 1995. Boston, MA: Houghton Mifflin Co.**

This volume is a thorough reference of positive, practical guidelines to wellness. Major topics are longevity, nutrition, exercise, self-care, and environment/safety. Excellent tips are given about changing old habits for new, healthier ones.

CHANGING FOR GOOD: A REVOLUTIONARY SIX-STAGE PROGRAM FOR OVERCOMING BAD HABITS AND MOVING YOUR LIFE POSITIVELY FORWARD.

**James O. Prochaska, John. C. Norcross, & Carlo C. Diclemente.**  
**1995. NY: Avon Books.**

To uncover the key to successful personal change, the psychologist authors

## WEBLIOGRAPHY

*The following Web sites about adult health are recommended as further resources for teachers, parents, and administrators.*

### **[www.healthierus.gov](http://www.healthierus.gov)**

HEALTHIERUS, the President's initiative, encourages Americans to improve their health. The Web site provides valuable information and links to other sites.

### **[www.nccam.nih.gov](http://www.nccam.nih.gov)**

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) offers information about research projects and available publications. Includes fact sheets on CAM procedures and evaluation of cancer-related CAM. Toll free: 1-888-644-6226.

### **[www.cdc.gov](http://www.cdc.gov)**

CENTERS FOR DISEASE CONTROL AND PREVENTION is the lead Federal agency for protecting the health and safety of people of the U. S. It offers a wealth of information and a dictionary of health topics from A-Z. Toll free: 1-888-232-4674.

### **[www.health.gov/nhic](http://www.health.gov/nhic)**

NATIONAL HEALTH INFORMATION CENTER (NHIC) provides a central health information referral service for consumers and professionals using a database of over 1,700 national organizations. Toll free: 1-800-336-4797.

### **[www.acefitness.org](http://www.acefitness.org)**

THE AMERICAN COUNCIL ON EXERCISE is a nonprofit organization committed to promoting active, healthy lifestyles. "Fit Facts," is a monthly online newsletter on a specific topic.

### **[www.ca5aday.com](http://www.ca5aday.com)**

SPONSORED BY THE CALIFORNIA DEPT. OF HEALTH SERVICES, this Web site promotes healthy behaviors that prevent cancer and other chronic diseases. Nutritional information specific to children, Latinos, and women is provided.

### **[www.odphp.osophs.dhhs.gov](http://www.odphp.osophs.dhhs.gov)**

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION develops and coordinates a wide range of national disease prevention and health promotion strategies. It links to many other sites.

### **[www.healthfinder.gov](http://www.healthfinder.gov)**

HEALTHFINDER is the Government's premier gateway Web site for linking consumers and professionals to over 6,000 health information resources from the Federal government and its partners. Also available in Spanish.

## RESOURCES

interviewed more than 1000 people who were able to positively and permanently alter their lives. They discovered that change does not depend on luck or willpower. They present a six- step approach for self- change with many concrete examples.

### HEAD START RESOURCES

*Available from the Head Start Information and Publication Center (HSIPC) at [www.headstartinfo.org](http://www.headstartinfo.org) or Toll free: 866-763-6481.*

#### ENHANCING HEALTH IN THE HEAD START WORKPLACE

This technical guide will help to increase the understanding and skills of Head Start staff in identifying the various ways in which employee health affects the effectiveness of the organization. The guide includes training materials.

#### LAYING A FOUNDATION IN HEALTH AND WELLNESS

This guide explains the importance of health to Head Start's mission, describes health services, and suggests ways to teach about and promote health in children, families, and Head Start staff.

#### PROMOTING MENTAL HEALTH

This technical guide encourages mental health promotion for all members of the Head Start community. Activities are included that will build

interpersonal skills with co-workers, parents, and children.

#### SUSTAINING A HEALTHY ENVIRONMENT

This technical guide offers information and activities to broaden staff's understanding of the natural environment and improve their ability to incorporate environmental enrichment and protection into their Head Start programs.

### QUIT SMOKING HELP

*Free smoking cessation materials are available from a number of organizations, including—*

#### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Toll free: 800-358-9295  
[www.ahrq.gov/consumer/helpsmok.htm](http://www.ahrq.gov/consumer/helpsmok.htm)

#### AMERICAN HEART ASSOCIATION

7272 Greenville Ave., Dallas, TX 75231; Toll Free: 800-AHA-USA1.  
[www.americanheart.org](http://www.americanheart.org)

#### CENTERS FOR DISEASE CONTROL AND PREVENTION

Office of Smoking and Health  
Toll free: 800-232-1311  
[www.cdc.gov/tobacco/](http://www.cdc.gov/tobacco/)

#### U.S. PUBLIC HEALTH SERVICE

[www.surgeongeneral.gov/tobacco/default.htm](http://www.surgeongeneral.gov/tobacco/default.htm) (information available in

English or Spanish).

#### AMERICAN LUNG ASSOCIATION

1740 Broadway; 14th Floor;  
New York, NY 10019  
Quit Hotline: 800-LUNG-USA  
(24 hours a day everyday)  
Freedom From Smoking, the free online smoking cessation program, is available online at [www.lungusa.org](http://www.lungusa.org).



Wear gloves when handling food

---

*Continued from page 26, Play and Stay Healthy*

related to sticking with regular physical activity. Choose something to do that you like. If you hate to sweat, do not sign up for aerobics! Remember that your PLAY does not have to be strenuous. It just needs to get you moving. We can almost guarantee that you will feel happier when you are done with your workout/PLAY. In fact, studies have shown that exercise can help alleviate depression (Dimeo et al. 2001).

Beyond our individual efforts, it is important to improve our communities. Object to local policies that make it more difficult for people to be active. For example, do not let your leaders put in streets without sidewalks or ignore cars that speed through crosswalks. Ask for longer hours at recreation centers. Insist that parks be well-maintained and well-lit. Be sure that workplaces support active people by providing places for workout clothes, clean-up facilities and breaks that allow people to get out and about.

Thirty years from now, we hope that we will see changes in our society that makes it easy for all of us to be active and healthy. In the meantime, we all have to commit ourselves to leading a more active—that is, a more playful—life! ■

#### REFERENCES

- Dimeo, F., M. Bauer, I. Varahram, G. Proest, & U. Halter. 2001. Benefits from aerobic exercise in patients with major depression: A pilot study. *British Journal of Sports Medicine* 35: 114-117.
- McGinnis, J. & W. Foege. 1993. Actual causes of death in the United States. *Journal of American Medical Association* 270: 2207-2212.
- U.S. Department of Health and Human Services: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1996. *Physical activity and health: A report of the Surgeon General*. Atlanta, GA: Author.

---

Peggy da Silva *is a Project Director for James Bowman Associates. T: 510-625-9303; E: dasilva@jba-cht.com.*

---

*Continued from page 37, Family Support*

years, paid a real dividend for Maria and her family as they began the new school year.

As your program continuously assesses how it promotes the health and wellness of the families it serves, consider the resources, training, and support provided families of children with disabilities. Learn more from your Head Start families about the supports they value most and those they find most lacking. Contact the Parent Centers for your state (see page 37) to identify the parent-to-parent support organizations available in your community or collaborate with local parents and community partners to start a new parent-to-parent organization. When the health and well-being of parents are promoted, children and families reap the benefits. ■

---

Jim O'Brien *is a Program Specialist in the Health and Disabilities Services Branch at the Head Start Bureau. T: 202-205-8656; E: jobrien@acf.hhs.gov.*

---

*Continued from page 39, The Best for Your Employees*

many in the Head Start community, Jan Cox hopes that Head Start programs will continue to bolster their EAP services. After all, she adds, “Head Start is a staff-friendly program, and we really care about our staff’s well-being.” ■

#### REFERENCES

- U.S. Department of Health and Human Services: Administration for Children and Families, Head Start Bureau. 1993. *Resource guide on Head Start employee assistance programs*. Washington, D.C.: Author.

---

*Thank you to Jan Cox, Health Resources Manager for Region VI-A HSQIC, for contributing to this article.*



# SUBMIT YOUR HEAD START PHOTO TODAY

The National Head Start Training and Technical Assistance Resource Center (NRC) would like **YOUR PHOTO** to be part of the *Head Start Bulletin* and/or other Head Start publications such as Web sites, brochures, flyers, meeting agendas, and more. It's time to let your Head Start organization **SHINE**.

## Photo tips—

- ▷ Limit one to three subjects per picture; have them engaged in an activity or interacting with each other.
- ▷ Fill the frame with the subject (i.e., do not take pictures from across the room).
- ▷ Make sure there is good lighting.
- ▷ Focus on Head Start-related activities—both indoor and outdoor.
- ▷ Take more than one photo of a particular event.
- ▷ Take pictures regularly.
- ▷ If you are sending an electronic image, please use a resolution of 300 dpi.

**FOR MORE INFORMATION OR TO REQUEST A PHOTO RELEASE FORM, CONTACT JUDY DAVID.**

Mail photos to:  
National Head Start T/TA Resource Center  
Attn: Judy David  
1000 Wilson Blvd., Suite 1000  
Arlington, VA 22209  
Phone# 703-243-0495 Fax# 703-243-0496  
jdavid@pal-tech.com

Goodbye to Smoking ■ Food Pyramid Power ■ Exercise in the Office ■ Bilingual Parent/Teacher Pull-out: Self-Change Contract

**U.S. Department of  
Health and Human Services  
ACF/ACYF/HSB  
Washington, DC 20201**

## **OFFICIAL BUSINESS**

**Penalty for private use \$300**